ALACHUA COUNTY BOARD OF COUNTY COMMISSIONERS

INVITATION TO BID

SPECIFICATION FOR: Firm Fixed Bid Prices for **Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services** for the benefit of the **Facilities Management** Department on an as needed basis.

BID NUMBER: 21-215 R

E-BID OPENING DATE: 2:00 pm, Wednesday, August 26, 2020

PART A - INSTRUCTIONS TO BIDDERS

1.0 GENERAL PROVISIONS

1.1 Purpose

Alachua County Board of County Commissioners are calling for and requesting the submission of bids for Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services.

The herein included Instructions to Bidders **(PART A)**, Terms and Conditions **(PART B)**, Technical Specifications **(PART C)**, Bidder's Check List **(PART D)**; together with all attached documents herein identified, constitute the entire Invitation to Bid package. Specifications and supplementary documents are essential parts of the contract and requirements occurring in one are as binding as though occurring in all.

1.2 Distribution of Information

The County posts and distributes information pertaining to its procurement solicitations on **DemandStar**.

The County has transitioned from accepting hard (paper) copy submittals to accepting electronic submittals through "E-Bidding" on **DemandStar**. In order to submit a bid response to this solicitation the bidder must be registered with **DemandStar**.

1.3 Submission of Bids

Costs for the preparation and submittal of bids in response to this Invitation to Bid are entirely the obligation of the bidder and shall not be chargeable in any manner to Alachua County.

The bid response, containing all required documents, with authorized signatures, must be received by 2:00 p.m. on the due date indicated on the Bid Cover Page for this project. The bidder's complete submittal in pdf format must be uploaded into **DemandStar** prior to the 2:00 p.m. deadline.

THIS PLATFORM WILL NOT ACCEPT LATE SUBMITTALS.

Upload bid response as a pdf formatted document only, unless the solicitation states otherwise.

The pdf document should be titled with bidder's name, bid number, and, if the response is submitted in parts, include "Part # of x".

Modifications to or withdrawal of a bidder's submittal can be made up to the deadline date. Modifications and withdrawals must be documented in **DemandStar** in order to be recognized by the County. Any bid not withdrawn will constitute an irrevocable offer, for a period of one hundred

and twenty (120) days, to provide the County adequate time to award the Contract for the services specified in this solicitation.

Blank spaces must be filled in as noted, in ink or typed, with the amounts extended and totaled. Any corrections necessarily made on the bid form **EXHIBIT A** should be made by crossing out the item in error and inserting the corrected item immediately above. Such corrections shall be initialed and dated by the person signing the bid. No bid containing correction by erasure will be accepted.

The response must be signed by an officer of the business who is legally authorized to enter into a contractual relationship in the name of the bidder. **An authorized representative who is not an officer may sign the proposal, but must attach a corporate resolution EXHIBIT B granting authorization to the representative to execute on behalf of the business.**

The submittal of a proposal by a bidder will be considered by the County as constituting an offer by the bidder to perform the required services at the stated fees.

1.4 **Electronic Signatures**

The Parties agree that an electronic version of the submitted bid shall have the same legal effect and enforceability as a paper version. The Parties further agree that the Electronic Submittal, regardless of whether in electronic or paper form, may be executed by use of electronic signatures. Electronic signatures shall have the same legal effect and enforceability as manually written signatures. The County shall determine the means and methods by which electronic signatures may be used to execute an Agreement with the awarded vendor and shall provide the awarded vendor with instructions on how to use said method. Delivery of this Agreement or any other document contemplated hereby bearing an manually written or electronic signature by facsimile transmission (whether directly from one facsimile device to another by means of a dial-up connection or whether mediated by the worldwide web), by electronic mail in “portable document format” (“.pdf”) form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

1.5 **Proprietary Information**

Responses to this Request for Proposals upon receipt by the County become public records subject to the provisions of Chapter 119 F.S., Florida's Public Records Law. If you believe that any portion or all of your response is confidential or proprietary, or otherwise exempt from disclosure as a Public Record, you should clearly assert such exemption and state the specific legal authority for the asserted exemption. All material that is designated as exempt from Chapter 119 **must be uploaded as a separate pdf file**, clearly identified as **“PUBLIC RECORDS EXEMPT"** with your name and the proposal number marked on the outside. Furthermore, you must complete **EXHIBIT C, PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION**.

Please be aware that the designation of an item as exempt from disclosure as a Public Record may be challenged in court by any person. By your designation of material in your proposal as "Public Records Exempt”, you agree to defend and hold harmless the County from any claims, judgments, damages, costs, and attorney's fees and costs of the challenger and for costs and attorney's fees incurred by the County by reason of any legal action challenging your designation.

1.6 **Non-Warranty of Specifications**

Due care and diligence has been used in preparing these specifications. The County shall not be responsible for any error or omission in these specifications, nor for the failure on the part of the

bidders to determine the full extent of the request. It is the sole responsibility of the bidders to ensure that they have all information necessary for the submittal of bids.

1.7 **Inquiries/Questions**

No interpretation of the meaning of the Specifications and/or Scope of Services or contract documents will be made to any interested bidder orally. Every request for such interpretation shall be made in writing, via email with reference to the appropriate **BID number and Bid Title** in the subject line of the email to **Markisha Boykin** at **mboykin@alachuacounty.us** no later than ten (10) days prior to the deadline set for receipt of bids. Any and all such interpretations and any supplemental instructions will be in the form of a written addendum; duly issued, and a copy of such addendum will be posted to **DemandStar**. Oral answers will not be authoritative. All addenda so issued shall become part of the bid documents.

1.8 **Acceptance/Rejection**

Alachua County reserves the right to reject any bid which may be considered irregular, show serious omission, unauthorized alteration of form, unauthorized alternate bids, incomplete or unbalanced bids or irregularities of any kind. Further, the County reserves the right to accept or reject any and all bids in whole or in part and to waive any technicalities or informalities in any bid.

Bid forms may be considered irregular and subject to rejection if they show serious omission, unauthorized alteration of form, unauthorized alternate bids, incomplete or unbalanced bids or irregularities of any kind.

1.9 **Withdrawal of Bids**

Modifications to or withdrawal of a bid can be made up to the deadline date. Modifications and withdrawals must be documented in DemandStar.com in order to be recognized by the County.

All prices bid shall remain firm for a period of one hundred and twenty (120) days after the bid opening.

1.10 **Small Business Enterprise (SBE) Program Participation**

1.10.1 SBE Vendor is a vendor that is certified by the Alachua County Equal Opportunity Division prior to the proposal opening.

1.10.2 The SBE Program Participation Form, **EXHIBIT D**, should be completed for your proposal to be considered responsive.

1.10.3 Alachua County has adopted a 15% participation goal, and policies which encourage participation of SBE in the provision of materials, supplies (i.e. office, auto, janitor, lawn, etc.) equipment, services and construction.

1.10.4 The County will award a preference in evaluation points to certified SBE or contractors that meet the SBE participation goal in its bid response.

1.10.5 The County will award a five-percent bid price preference, not to exceed $50,000 on a single bid, to any certified SBE that submits a bid.

1.10.6 The County will award a three-percent bid price preference, not to exceed $50,000 on any single bid, to any Contractor that agrees to use certified SBE for at least 15 percent of the dollar value of the bid.

1.10.7 SBE preference does not apply to contracts that are reserved in accordance with Section 22.11-205, Alachua County Code, in which the County reserved contracts for bidding only by SBEs. SBE bid preferences will not be combined.

1.10.8 **Proposed Subcontractors Requirements**

1.10.8.1 Contractors submitting proposals under this solicitation are to identify, on the SBE Program Participation Form, the intended SBE subcontractors and the

estimated percentage of total dollar amount(s) as well as the total dollar amount(s) of the contract to be awarded to SBE firms, **EXHIBIT D, Option 3**.

1.10.8.2 If SBE subcontractors are not available for the bid/RFP you should complete a Good Faith Effort Form, **EXHIBIT D, Option 4**.

1.10.9 **Good Faith Effort Requirements**

1.10.9.1 Every competitive bid or proposal, if not submitted by a certified Small Business Enterprise (SBE), should demonstrate good faith efforts to utilize SBE as subcontractors. Unless your company will perform all the work and no subcontractors will be utilized. The Equal Opportunity Division maintains a directory of certified SBE's. The Alachua County Small Business Enterprise Directory is available at: http://smallbusdir.alachuacounty.us/

1.10.9.2 The Equal Opportunity Division shall determine what constitutes a "good faith effort" for purposes of contractor compliance with contractual requirements relating to the use of services or commodities of a certified SBE's. , The good faith efforts that may be considered by the County are listed under Section 22.11-207, of the Alachua County Code:

1.10.9.2.1 The Contractor will be expected to furnish documents substantiating compliance with good faith effort requirements, **EXHIBIT D.**

1.11 **Alachua County Government Minimum Wage (GMW)**

1.11.1 Services solicited through this Invitation to Bid are considered covered services under Chapter 22, Article 12, of the Alachua County Code of Ordinances ("Alachua County Government Minimum Wage") which establishes a government minimum wage for certain consultants and subcontractors providing selected services to Alachua County government. Proposers should consider the cost of compliance, if any, when submitting bids.

1.11.2 The consultant shall certify via **EXHIBIT E** it will pay each of its covered employees the GMW, and ensure that it will require that of its subcontractors. Upon execution of the awarded contract, the certification shall become an obligation to the vendor.

1.12 **Public Entity Crimes**

A person or affiliate who has been placed on the convicted vendor list following a conviction of a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 F.S., for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

1.13 **Drug Free Workplace**

Florida Statute, Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. A vendor certifying a drug-free workplace shall complete **EXHIBIT F**.

1.14 **Proposed Subcontractors NON-SBE**

Bidder shall notify the County of the proposed use of subcontractors in the provision of services required herein by completing and returning the Proposed Subcontractors (Non-Small Business

Enterprise) Form, **EXHIBIT G**. No subcontractor shall be employed by the Contractor for the provision of these services without the written approval of the County.

2.0 QUALIFICATION OF BIDDERS

2.1 Consideration

2.1.1 Bids will be considered only from firms normally engaged in providing and performing services specified herein. Bidder must have adequate organization, facilities, equipment and personnel to ensure prompt and efficient service to the County, and shall have all necessary licenses and permits required by law to do business with the County.

2.2 Bidder's Questionnaire

The County reserves the right before recommending any award to inspect the facilities and organization or to take any other action necessary to determine ability to perform in accordance with specifications, terms and conditions. Bidders are requested to complete and return along with their bid the Bidder's Questionnaire **EXHIBIT H**.

2.3 Performance

The County will determine whether the evidence of ability to perform is satisfactory and reserves the right to reject bids where evidence submitted, or investigation and evaluation indicates inability of the bidder to perform.

3.0 EXAMINATION OF PROPERTY

3.1 Bidder's Responsibility

3.1.1 Before submitting his bid, it shall be the bidder's responsibility to visit the premises of the proposed work and familiarize himself with the nature and extent of the work and any local conditions that may in any way affect the work to be done and the equipment, materials and labor required.

3.1.2 The bidder is also required to carefully examine the specifications and contract documents, to inform themselves regarding any and all conditions and requirements that may in any manner affect the work to be performed under the contract. Failure to do so will not relieve the bidder of complete performance under the contract.

4.0 QUALITY

All materials shall be new and in no case will used, reconditioned or obsolete parts be acceptable. All equipment specifications are to be considered minimum requirements.

5.0 LAWS, PERMITS AND REGULATIONS

Permit, Application, and License Fees

The contracted firm shall obtain and pay for all necessary permits, permit application fees, licenses or any fees required.

5.1 Compliance

The contractor shall comply with all laws, ordinances, regulations and building code requirements applicable to the work contemplated in the proposal. The contracted firm is presumed to be familiar with all state and local laws, ordinances, code rules and regulations that may in any way affect the work. Ignorance on the part of the contracted firm will in no way relieve it of responsibility.

The contractor must agree to abide by and conduct its programs and provide its services in compliance with the provisions of the Civil Rights Act of 1866, Civil Rights Act of 1871, Equal Pay Act of 1963, Civil Rights Act of 1964, Age Discrimination and Employment Acts of 1967, Rehabilitation Act of 1973, 1990 Americans with Disabilities Act, 1991 Federal Civil Rights Act,

1992 Florida Civil Rights Act, and all other applicable ordinances, statutes, laws and amendments thereto.

6.0 CONSIDERATION OF BIDS AND AWARD OF CONTRACT

The award of the contract, if it is awarded, will be to the lowest responsive and responsible bidder whose qualifications indicate the award will be in the best interest of the County, and whose bid complies with all prescribed requirements. No award will be made until the County has concluded such investigations as he deems necessary to establish the responsibility, qualifications and financial ability of the bidders to do the work in accordance with the contract documents to the satisfaction of the County within the time prescribed.

The County reserves the right to award the contract to more than one bidder, as determined to be in the best interest of the County.

If the contract is awarded, the County will accept the bid and award the contract to the successful bidder(s) within one hundred twenty days (120) days after the opening of the bids by written notice to the successful bidder(s). Additional days may be added upon mutual written agreement between the County and the successful bidder.

The County reserves the right to reject any or all bids and to waive informalities, or to accept any bid or combination of bids which, in the County's judgment, will best serve its interest.

7.0 ACCEPTANCE OF BID

The signed bid shall be considered an offer on the part of the bidder; such offer shall be deemed acceptable upon completion of all steps in the procurement process and issuance of a Purchase Order or execution of a Contract by the County.

8.0 PERFORMANCE TIME

All material and parts shall be bid F.O.B. destination, at the job site. The performance time may be a factor in the evaluation of the bid. It is to be emphasized that the meeting of specified performance schedules is a significant part of ability to perform and that failure to meet such schedule may result in termination of the contract and will surely be considered in the evaluation of future bids.

9.0 COLLUSION

The bidder, by affixing his signature to the bid form, declares that the bid is made without any previous understanding, agreement, or connections with any persons, firms or corporations making a bid on the same items and that it is in all respects, fair, and in good faith without any outside control, collusion, or fraud.

The bidder, by affixing his signature to the **bid form**, declares that no County Commissioner, other County officer, or County employee, directly or indirectly owns more than five (5) percent of the total assets or capital stock of the bidding entity, nor will directly or indirectly benefit by more than five (5) percent from the profits or emoluments of this contract.

10.0 ADDENDA

Addenda issued by the County prior to the bid opening shall be binding as if written into the original solicitation document. Bidders shall acknowledge receipt of the same as indicated on the bid form.

11.0 VENDOR COMPLAINTS OR GRIEVANCES; RIGHT TO PROTEST

Unless otherwise governed by state or Federal law, this Part shall govern the protest and appeal of Procurement decisions by the County. The term “Bidder” includes any Person that responds to any type of Solicitation issued by the County (e.g., ITB, RFP, ITN), and is not limited solely to a Person that submits a bid in response to an Invitation to Bid (ITB).

11.1 **Notice of Solicitations and Awards**

The County Shall provide notice of all Solicitations and Awards by Electronic posting in accordance with the Procedures, unless a different method is required by the Florida Statutes, in which case the County Shall provide notice in accordance with the requirement of the Florida Statues.

11.2 **Solicitation Protest**

Any prospective Bidder may file a Solicitation Protest concerning a Solicitation.

11.2.1 Basis of the Solicitation Protest: The alleged basis for a Solicitation Protest shall be limited to the following:

11.2.1.1 The Solicitation is inconsistent with this Code or the requirements of applicable Florida Statutes;

11.2.1.2 The terms, conditions or Specifications of the Solicitation are in violation of, or are inconsistent with, applicable laws, Regulations, Procedures, policies or other legal authorities governing the Solicitation, including but not limited to the method of evaluating, ranking or awarding of the Solicitation, reserving rights of further negotiations, or modifying or amending any resulting Contract; and

11.2.1.3 The Solicitation instructions are unclear or contradictory.

11.2.2 **Timing and Content of the Solicitation Protest**

The Solicitation protest must be in writing and provide all content in accordance with the Alachua County Code, Chapter 22 “Procurement”, Article 9 “Legal and Contractual Remedies” and must be received by the Procurement Manager by no later than 3:00 PM on the fourth business day after the solicitation was posted by the County. Failure to timely file a solicitation protest shall constitute a total and complete waiver of the bidder’s right to protest or appeal any solicitation defects, and shall bar the bidder from subsequently raising such solicitation defects in any subsequent Award protest, if any, or any other administrative or legal proceeding.

11.3 **Award Protest**

Any Bidder who is not the intended awardee and who claims to be the rightful awardee may file an Award Protest. However, an Award Protest is not valid and shall be rejected for lack of standing if it does not demonstrate that the protesting party would be awarded the Solicitation if its protest is upheld.

11.3.1 **Basis of the Award Protest**

The alleged basis for an Award Protest shall be limited to the following:

11.3.1.1 The protesting party was incorrectly deemed non-responsive due to an incorrect assessment of fact or law;

11.3.1.2 The County failed to substantively follow the Procedures or requirements specified in the Solicitation documents, except for minor irregularities that were waived by the County in accordance with this Code, which resulted in a competitive disadvantage to the protesting party; and

11.3.1.3 The County made an identifiable mathematical or other errors in evaluating the responses to the Solicitation, resulting in an incorrect score and not protesting party not being selected for award.

11.3.2 **Timing and Content of the Award Protest**

The Award Protest must be in writing and provide all content in accordance with the Alachua County Code, Chapter 22 "Procurement", Article 9 "Legal and Contractual Remedies" and must be received by the Procurement Manager by no later than 3:00 PM on the fourth Business day after the County's proposed Award decision was posted by the County. Failure to timely file an Award Protest shall constitute a total and complete waiver of the Bidder's right to protest or appeal the County's proposed Award decision in any administrative or legal proceeding.

11.4 **Burden of Proof**

Unless otherwise provided by Florida law, the burden of proof shall rest with the protesting party.

11.5 **Stay of Procurement during Protests**

In the event of a timely protest, the County shall not proceed further with the Solicitation or with the award of the Contract until the County Manager, after consultation with the head of the Using Agency, makes a written determination that the award of the Solicitation without delay is:

11.5.1 necessary to avoid an immediate and serious danger to the public health, safety, or welfare;

11.5.2 necessary to avoid or substantial reduce significant damage to County property;

11.5.3 necessary to avoid or substantially reduce interruption of essential County Services; or;

11.5.4 otherwise in the best interest of the public.

PART B - TERMS AND CONDITIONS

1.0 DEFINITION OF TERMS

Where the following terms or their pronouns occur herein, the intent and meaning shall be as follows:

COUNTY/OWNER: Alachua County Board of County Commissioners, Alachua County, Florida or its authorized representative.

BID PRICE: The amount bid submitted on the prescribed forms by the bidder setting forth the prices for the work to be performed.

BIDDER: Any person, firm or corporation submitting a proposal/bid for the goods and/or services contemplated herein, or a duly authorized representative.

CONTRACT: The written agreement resulting from this solicitation, incorporating the bid submitted by the bidder and which is approved by the Board, or its designee, along with all documents identified in this Invitation to Bid document and any addenda, thereto, shall be the contract between the County and the bidder.

CONTRACT DOCUMENTS: The Agreement, Specifications, Drawings, Addenda whether issued prior to opening of bids or execution of the Contract and Modifications.

CONTRACTOR: Any person, firm, corporation, or governmental entity with whom the County has executed a contract for the performance of the work, or his duly authorized representative.

DIRECTOR: The duly authorized representative of the Board of County Commissioners during the contract period as identified herein.

RESPONSIBLE AGENT: The duly authorized representative of the Alachua County Board of County Commissioners during the contract period.

SPECIFICATIONS: The directions, provisions, and requirements contained herein, together with all written agreements made setting out or relating to the method and manner of performing the requested services, the quality of material and personnel to be furnished under this contract. All applicable laws of the State of Florida, the Federal Government and the Rules and Regulations of the County of Alachua are hereby adopted and made part hereof as specifications.

WORK: To provide all management, supervision, labor, materials, supplies and equipment. To plan, schedule, coordinate and assure effective performance of all services described herein.

2.0 CONTRACTOR'S INSURANCE

The contractor shall provide and maintain during the life of the contract, coverages and amounts stated in, **EXHIBIT J.**

Failure to maintain such insurance may be deemed as a cause of termination of this agreement.

3.0 BONDING REQUIREMENTS (If Applicable)

A bid security in the form of a Bid Bond or certified check made payable to "Alachua County Board of County Commissioners" in an amount equal to five percent (5%) of the base bid will be required as a guarantee that the bidder will enter into a written contract with the County if his bid is accepted. A performance bond and payment bond in an amount equal to one hundred percent (100%) of the contract sum will be required of the successful bidder. No bidder may withdraw his bid for a period of one hundred twenty (120) days after the actual date of the opening thereof.

4.0 **MODIFICATIONS**

This agreement constitutes the entire agreement and understanding between the parties hereto, and it shall not be considered modified, altered, changed or amended in any respect unless in writing and signed by the parties hereto.

The County will not be bound under this agreement for similar or like services being provided by County agencies or for services entered into by the County under a separate agreement.

5.0 **SEVERABILITY**

If any provisions of this agreement shall be declared illegal, void or unenforceable, the other provisions shall not be affected but shall remain in full force and effect.

6.0 **INDEPENDENT CONTRACTOR**

In the performance of this agreement, the Contractor will be acting in the capacity of an independent Contractor and not as an agent, employee, partner, joint venturer, or associate of the County. The Contractor shall be solely responsible for the means, method, technique, sequences, and procedures utilized by the Contractor in the full performance of the agreement.

7.0 **TERM OF THE CONTRACT**

The agreement shall be effective for the period beginning on the date of the fully executed contract or issuance of a purchase order. Generally the term will begin on October 1, **2020** and continue through September 30, **2022** unless earlier terminated as provided herein. The county has the option of renewing this agreement for **two (2)** additional **two (2)** year-periods and the same terms and conditions outlined here in. The amendments to extend the contract will be issued once the county has exercised the option to renew. (Annual)

A contract as a result of the solicitation shall be deemed effective only to the extent of appropriations available to the County Agency at any time during the contract period.

8.0 **RESPONSIBLE AGENT**

The Contractor shall designate and submit a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County and the contractor, **EXHIBIT I.**

The Department Director will be the responsible agent for the County. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor.

A letter when addressed and sent by certified list mail to either part, at its business herein, will constitute notice required in this bid or contract.

9.0 **ASSIGNMENT OF PERSONNEL**

All personnel assigned to the project will be subject to the approval of the County and no changes shall be allowed unless prior written approval is obtained.

10.0 **GOVERNING LAW**

This agreement shall be governed in accordance with the laws of the State of Florida. Venue shall be in Alachua County.

11.0 **AWARD OF CONTRACT(S)**

The County reserves the right to award contracts to more than one (1) firm as determined to be in the best interest of the County.

12.0 **ASSIGNMENT OF INTEREST**

The parties recognize that in actual economic practice, overcharges resulting from antitrust violations are in fact usually borne by the County. Therefore, the vendor hereby assigns to the County any and all claims for such overcharges as to goods, material or services purchased in connection with the Agreement. However, for all other assignments, neither party will assign, convey, pledge, sublet, transfer or otherwise dispose any interest in this Agreement and shall not transfer any interest in same without prior written consent of the other party.

13.0 **INDEMNIFICATION**

The Purchaser agrees to protect, defend, indemnify, and hold the County and director and their officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or directly or indirectly relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this Agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc., including but not limited to personal injury, death, damage to property (including destruction) defects in materials or workmanship, actual or alleged infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule, or regulation or decree of any court, shall be included in the indemnity hereunder. The Purchaser further agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent. Purchaser agrees that indemnification of the County shall extend to any and all work performed by the Purchaser, its subcontractors, employees, agents, servants or assigns. This obligation shall in no way be limited in any nature whatsoever by any limitation on the amount or type of Purchaser's insurance coverage. This indemnification provision shall survive the termination of the Contract between the County and the Purchaser.

Nothing contained herein shall constitute a waiver by the County of its sovereign immunity, the limits of liability or the provisions of §768.28, Florida Statutes.

14.0 **AMENDMENTS**

This agreement may be amended by mutual written agreement of the parties and may be changed only by such written amendment.

15.0 **DEFAULT AND TERMINATION**

The failure of either party to comply with any provision of this agreement shall place that party in default. Prior to terminating this agreement, the non-defaulting party shall notify the defaulting party in writing. Notification shall make specific reference to the provision which gave rise to the default.

The defaulting party shall be given seven (7) days in which to cure the default. Department Director is authorized to provide written notice of termination on behalf of the County, and if the default situation is not corrected within the allotted time, the Department is authorized to provide final termination notice on behalf of the County to the Contractor.

The County may terminate this agreement without cause by first providing at least thirty (30) days written notice to the Contractor prior to the termination date. The Department Director is authorized to provide written notice of termination on behalf of the County.

If the contractor is adjudged bankrupt, either voluntary or involuntary, the County may terminate the contract effective on the day and at the time the bankruptcy petition is filed and may proceed to provide service as previously outlined.

In the event funds to finance this contract become unavailable, the County may terminate the contract with no less than twenty-four hours' notice in writing to the Contractor. The County shall be the final authority as to the availability of funds.

16.0 **SUCCESSORS AND ASSIGNS**

The County and Contractor each bind the other and their respective successors and assigns in all respects to all of the terms, conditions, covenants, and provisions of this agreement, and any assignment or transfer by the Contractor of its interest in this agreement without the written consent of the County shall be void. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of the County or Contractor, nor shall it be construed as giving any right or benefit hereunder to anyone other than the County or the Contractor.

17.0 **NON WAIVER**

The failure of either party to exercise any right shall not be considered a waiver of such right in the event of any further default or noncompliance.

18.0 **BOOKS AND RECORDS**

The county shall have the right to audit, review, examine and transcribe any pertinent records or documents relating to any contract resulting from this solicitation held by the Contractor. The Contractor will retain all documents applicable to the contracts for a period of not less than three years after final payment is made.

19.0 **ACCIDENT PREVENTION**

Precaution shall be exercised at all times for the protection of employees, other persons and property.

Contractor's employees shall report to their superintendent any hazardous conditions or items in need of repair noted during the performance of work. Said superintendent shall thereupon notify the responsible agent or his designee of such conditions.

20.0 **WORKPLACE VIOLENCE**

Employees of bidders (or responders for RFP's) are prohibited from committing any act of workplace violence. Violation may be grounds for termination. Workplace violence means the commission of any of the following acts by a bidder's employee.

Battery: intentional offensive touching or application of force or violence to another.

Stalking: willfully, maliciously and repeatedly following or harassing another person.

PART C- TECHNICAL SPECIFICATIONS

1.0 **SCOPE**

The provisions contained in this section are intended to be cooperative with, to supplement, or to modify Instructions to Bidders and Terms and Conditions. In case of any conflict with such sections, the intent of any kind and all Technical Specifications shall govern.

1.1 Provide all labor and tools necessary to perform inspections/testing/maintenance of the fire protection systems installed in the various County owned buildings. This work shall include Fire Pumps, Sprinkler Heads, Fire Suppression Systems, Fire Risers, Ansul Systems, Halon and FM 200 Systems.

1.2 All Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.

1.3 Inspections/testing/maintenance shall be in accordance with local authorities having jurisdiction and NFPA 25 2017 FLORIDA Edition for Sprinkler Inspections/Testing/Maintenance shall be followed. Routine maintenance/testing/inspections shall include all services necessary per the NFPA 25 2017 Edition guidelines for quarterly, semiannual, annual testing, and maintenance requirements.

1.4 All testing/inspections shall be recorded on approved NFPA 25 2017 FLORIDA Edition inspection reports as per attachments. All inspection/test/maintenance reports shall have one copy left in the clear Plexiglas wall pocket adjacent to the sprinkler system control value or riser of each building being inspected/tested and one copy forwarded to Facilities Management Division Office addressed to:

Facilities Management Department
Facilities Manager
915 SE 5th Street
Gainesville FL 32601

1.5 The Criminal Courthouse, Civil Courthouse, Sheriff's Office, County Jail, Administration Building, Community Support Services/Heath Department and Consolidated Communications Center (911) **require two (2) inspectors to perform required services.**

2.0 **FIRE ALARM MAINTENANCE AND INSPECTIONS REQUIREMENTS**

2.1 Contractors shall be governed by the general requirements of the NFPA 72 2017 FLORIDA Edition fire alarm code for maintenance of the fire alarm systems. The requirements for testing, inspecting and maintaining fire detection devices and panels associated with the fire alarm system shall also be bid to meet the requirements of the NFPA 72 2017 Edition fire alarm code. The County's equipment, such as the linear beam smoke detectors, are not directly mentioned in the NFPA 72 2017 Edition documents; however, they must inspect, maintain all County's fire alarm equipment and units and conduct tests by the vendor, according to the manufacturer's operation and maintenance manuals. The contractor shall maintain and keep current all records of maintenance, testing, and inspections performed. Contractor will provide all records of testing and maintenance upon request by the County and a report will be required annually.

3.0 **SPRINKLER SYSTEM MAINTENANCE AND INSPECTION REQUIREMENTS**

3.1 Automatic sprinkler systems shall be inspected, tested and maintained according to NFPA 25 2017 Edition, code and manuals. As stated above, the NFPA 25 2017 Edition, documents may not

directly mention the type of equipment located in the libraries; however, all of the County's sprinkler equipment and units must be inspected, maintained, and tested by the vendor, according to the manufacturer's operation and maintenance manuals. Operation and maintenance manuals will be available upon request.

3.2 The 5th year Sprinkler Inspection, Test and Maintenance Service will be required by the NFPA 25 2017 Edition. The inspection, test and maintenance shall cover the following services:

3.2.1 alarm valves (internal)
3.2.2 strainers, filters (internal)
3.2.3 gauges (replace)
3.2.4 underground piping flow
3.2.5 standpipe flow
3.2.6 high temperature sprinklers (solder type) and system flushing.

4.0 HALON INSPECTION REQUIREMENTS

4.1 All bids for Halon inspection shall conform to NFPA 2001 code and manuals which detail the requirements for the testing and servicing of a Halon suppression system. As stated above the NFPA document may not directly mention the type of equipment located at the County or HQ Library, however, all County & Library Halon equipment and units must be inspected, maintained and tested by the vendor, according to the manufacturer's operation and maintenance manuals.

5.0 WATER-BASED (Wet) FIRE PROTECTION SYSTEMS

5.1 In general, all inspections, testing and maintenance methods and procedures shall follow the same as those found in NFPA 25 2017 Edition, Standards for Inspection, Maintenance, and Testing of Water-Based and Dry Fire Protection Systems.

6.0 BACKGROUND CHECKS

6.1 Contractors will be required to successfully pass a background check prior to entering any County building. The Contractor will be responsible for the costs of background checks.

6.2 Contractor will have background checks, acceptable to the County on all employees of the Contractor and any subcontractors, whether full or part time at least 72 hours prior to such employee(s) commencing work. The Contractor will ensure that no employee of the contractor or any sub-contractor who has not had a background check run will enter Buildings identified in this agreement as requiring such checks.

6.3 The County or the Administrating Official for Agencies occupying buildings for which the County provides maintenance, janitorial, construction or other services may refuse to allow any contractor or sub-contractor's employee's access to the buildings or offices occupied if deemed by the Agency Administrator to be in the best interest of the orderly functioning of the Agency.

7.0 IDENTIFICATION BADGES

7.1 The contractor shall require that all his employees have a shirt with visible company logo and personal identification on the individual employee. All contractor personnel must follow all applicable sign-in rules/guidelines associated with various buildings and/or as required by security staff.

8.0 **HOURS OF SERVICE**

8.1 Inspection/Testing/Maintenance shall be performed Monday through Friday, between the hours 6:30 AM and 6:30 PM and/or after hours to reduce the chance of interruptions such fire pumps testing. Emergency repair calls during normal working hours will be charged at a rate set in the price schedule. Emergency repair calls after hours will be charged at the overtime rate.

9.0 **ANNUAL PRICE ADJUSTMENTS**

9.1 At the option of the County, Price adjustments (whether an increase or decrease) will be based on the change in the Consumer Price Index or Commodity Price Index for the preceding twelve (12) months as calculated and published by the United States Department of Labor.

10.0 **MANDATORY PRE-BID SITE VISITS**

10.1 Bidders are required to visit each building/facility, compare the specifications with the work to be completed and inform themselves as to all conditions. Failure to do so will in no manner relieve the successful bidder from the necessary furnishing of materials, or performing any of the work that may be required to carry out and/or complete the contract in accordance with true intent and meaning of the specifications.

11.0 **AWARD OF CONTRACT**

11.1 This bid will be awarded by lump sum total with the Annual Fire Sprinkler/Risers Inspection weighting sixty-five (65%) and Maintenance and Repair Services Labor Rates weighting fourty-five (45%) .

12.0 **LIST OF BUILDING AND SERVICES FOR SITE VISITS**

FACILITY	FIRE ALARM	STAND PIPES	FIRE PUMP	SPRINKLER HEAD	HALON/FM 200 SUPPRESSION
Alachua County Jail 3333 NE 39th Avenue; Gainesville FL	**Yes**	**No**	**Yes**	**Yes**	**Yes**
Alachua County Sheriff's Department 2621 SE Hawthorne Road; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**Yes**
Animal Services 3500 NE 53rd Avenue; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**No**
Austin Carey Fire Tower 12160 NE Waldo Road Gainesville	**Yes**	**No**	**No**	**No**	**No**
Civil Courthouse 201 E University Avenue; Gainesville FL	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Community Support Services/ Health Dept 218 SE 24th Street; Gainesville FL	**Yes**	**No**	**Yes**	**Yes**	**No**
Consolidated Communications Center (911) 2620 SE Hawthorne Road; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**Yes**
County Administration Building 12 SE 1st Street; Gainesville FL	**Yes**	**Yes**	**No**	**No**	**No**
County Administrative Annex Building	**Yes**	**No**	**No**	**Yes**	**No**

120 S Main Street; Gainesville FL					
Criminal Courthouse 220 South Main Street; Gainesville FL	**Yes**	**Yes**	**Yes**	**Yes**	**No**
Fairgrounds 2800 NE 39th Avenue ; Gainesville FL	**Yes**	**Yes**	**No**	**Yes**	**No**
Fire Station #20 16935 NW Hwy 441 High Springs	**Yes**	**No**	**Yes**	**Yes**	**No**
Fire Station #23 1600 Ft. Clark Blvd Gainesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #24 3509 NW 143rd Street Jonesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #25 12825 NW Hwy 441 Gainesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #30 930 SE 5th Street Gainesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #33 5901 NW 34th Street Gainesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #40 14377 NE Hwy 301 Waldo	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #41 5715 NE Hwy 301 Hawthorne	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #60 1320 SE 43rd Street Gainesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #80 2000 SW 43rd Street Gainesville	**No**	**No**	**No**	**Yes**	**No**
Fire Station #81 8815 SW Archer Road Gainesville	**Yes**	**No**	**No**	**Yes**	**No**
Fire Station #82 17128 SW Archer Road Archer	**Yes**	**No**	**No**	**Yes**	**No**
Household Hazard Waste Collection Center 5125 NE 63rd Avenue; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**No**
Main Street Legal Building 33 N Main Street; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**No**
Metamorphosis Building 4201 SW 21st Street; Gainesville FL	**Yes**	**No**	**No**	**No**	**No**
Records Retention Building 919 SE 5th Street; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**No**
Recovered Material Processing Building 5121 NE 63rd Avenue; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**No**
State Attorney's Building 120 West University, Gainesville FL	**Yes**	**No**	**No**	**No**	**No**
Transfer Station Building/ Administration Office 5115 NE 63rd Avenue; Gainesville FL	**Yes**	**No**	**Yes**	**Yes**	**No**
Wilson Building 30 E University Ave; Gainesville FL	**Yes**	**No**	**No**	**Yes**	**Yes**
Work Release –Mod #1 3333 NE 39th Avenue; Gainesville FL	**No**	**No**	**No**	**Yes**	**No**
Work Release –Mod #2 3333 NE 39th Avenue; Gainesville FL	**No**	**No**	**No**	**Yes**	**No**

Work Release -POD 1 (Women's) 3375 NE 39th Avenue; Gainesville FL	**Yes**	**No**	**No**	**No**	**No**
Work Release -POD 2 (Men's) 3375 NE 39th Avenue; Gainesville FL	**Yes**	**No**	**No**	**No**	**No**
SWAG Resource Center 807 SW 64th Terrace Gainesville FL	**Yes**	**No**	**No**	**No**	**No**
Public Defender Building 151 SW 2nd Avenue Gainesville FL	**Yes**	**No**	**No**	**Yes**	**No**
Josiah T Walls Building 515 North Main Street Gainesville FL	**Yes**	**No**	**Yes**	**Yes**	**No**

13.0 CONTRACTOR'S RESPONSIBILITIES

13.1 General Conditions

13.1.1 Inspection/testing of all fire-sprinkler, fire pumps, fire risers, Halon, FM 200, and Ansul systems in County owned and/or leased buildings as per attached building list.

13.1.2 The contractor shall submit upon completion of each inspection/test a report consisting of: building tested, type of device being tested, number of devices being tested, condition of devices, remarks concerning status of devices, signature of licensed testing technician, the company's name and telephone number. Areas not covered or improperly covered by sprinkler systems shall be reported in writing to Facilities Management, or his designee, attention and addressed to:

Facilities Management Department
Facilities Manager
915 SE 5th Street
Gainesville FL 32601

13.1.3 All systems will be left in normal operating condition; this shall include resting. If for any reason this cannot be accomplished, the Facilities Management Division shall be notified before the inspector leaves the premises.

13.1.4 Fines associated with accidental activation of fire alarms while performing tests is the responsibility of the testing contractor.

13.1.5 The fire sprinkler contractor shall have a State Fire Marshall Contractor Type I or Type II license. ***(Submit a copy of the license with bid response)***.

13.1.6 The awarded vendor must produce and provide in a format approved by the County a Device and Services
Report/Listing. This report will be maintained annually for all County's buildings.

13.2 Dispatch of Work

13.2.1 Inspections/Testing/Maintenance will be assigned by means of a yearly printed schedule set in a team effort between the contractor and the County and will be recorded by work order. A copy of the inspection/test and maintenance report will be placed in the building log book at the building being inspected and an additional copy will be sent to the Facilities Management Department office attached to the invoice.

13.2.2 A work order number will be issued by Facilities Management Department for work scheduled between the County and the contractor. The work order number and the purchase order number (for repairs) will be included on all invoices submitted for payment.

13.3 Inspection, Test, and Maintenance Reports

13.3.1 All quarterly, semiannual and annual reports shall be as per NFPA 25.

13.3.2 The following NFPA forms shall be used for quarterly, semiannual and annual fire systems inspections/testing.

13.3.2.1 Form 25-13 (Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems)

13.3.2.2 Form 25-14 (Form for Inspection, Testing and Maintenance of Standpipe and Hose Systems)

13.3.2.3 Form 25-20 (Form for Inspection, Testing and Maintenance of Fire Pumps)

13.3.2.4 Form 94-106A (Report of Inspection and Testing, of Water Based Fire Protection Systems Quarterly and Annual Items to be Reviewed)

13.4 **Payment**

13.4.1 Payment will be made only after services are rendered and properly itemized invoices have been received.

13.4.2 Payments for all itemized sums must be properly invoiced and shall be made in accordance with the provisions of Chapter 218, Part VII Florida Statutes "Local Government Prompt Payment Act."

13.4.3 All charges (trip charge, fuel charge, labor, etc.) must be included in bid pricing.

13.5 **Changes to Services**

13.5.1 County may add or delete Buildings covered under this bid.

13.5.2 In cases of deletions, County will issue notification to the contractor as to equipment that is no longer to be covered and effective date of same.

13.5.3 In cases of additions (either added as upgrades to existing facilities or in newly acquired County owned or leased facilities), services will be provided at a rate consistent with the bid prices contained herein. In those cases in where devices/systems not covered by this bid. County and vendor will negotiate a rate acceptable to the County. At County's option such additional.

PART D – BIDDERS CHECK LIST

Bidders may use the boxes to the left to check off items when completed.

The checklist is intended as a reminder for certain important items and is not necessarily a complete list of what must be included in your BID submission.

- ☐ Bid Form (Remember to fill this form out completely) THIS FORM MUST BE SIGNED.
- ☐ Acknowledge all Addendum(s) issued with this solicitation. A place to check off acknowledgement is on the bid form.
- ☐ Fill out all of the exhibits as required, especially Exhibit D, Small Business Enterprise (SBE) Program Participation Form and Exhibit E Alachua County Government Minimum Wage (GMW) Form.
- ☐ Include any insurance requirements.
- ☐ Include any bonds that may be applicable.
- ☐ Remember to post your Bid on DemandStar prior to the submittal deadline.

If you have questions concerning these items or other, sections of the bid solicitation please contact Procurement for clarification prior to submitting your bid.

EXHIBIT A

BID FORM

BID NUMBER: **21-215 R**

BID OPENING DATE: 2:00 pm, Wednesday, **August 26, 2020**

TO: The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Annual Bid Prices for Fire Alarm, Wet and Dry Fire Sprinkler, Backflow Preventers and Halon/FM 200 Inspections								
Building Locations	**$ Annual Fire Alarm Inspection/ Maintenance**	**$ Annual Fire Sprinkler Inspection/ Maintenance**	**$ Additional Quarterly Sprinkler Inspections** *(3 Required)*	**$ Annual Backflow Preventer & PIV Inspection/ Maintenance**	**$ Halon/FM 200 Inspections** *(2 Required)*	**$ 3 Year Dry Sprinkler Inspection**	**$ 5th Year Wet & Dry Sprinkler Inspection**	**$ TOTAL** ***(Extend ALL Cost Columns)***
Alachua County Jail								
Alachua County Sheriff's Department								
Animal Services								
Austin Carey Fire Tower								
Civil Courthouse *(Must be Inspected on Weekends)*								
Community Support Services/ Health Dept								
Consolidated Communications Center (911)								
County Administration Building								
County Administrative Annex Building								
Criminal Courthouse *(Must be Inspected on Weekends)*								
Fairgrounds								
Fire Station # 20								
Fire Station #23								
Fire Station #24								
Fire Station #25								
Fire Station #30								
Fire Station #33								

Fire Station #40								
Fire Station #41								
Fire Station #60								
Fire Station #80								
Fire Station #81								
Fire Station #82								
Household Hazard Waste Collection Center								
Main Street Legal Building								
Metamorphosis Building								
Records Retention Building								
Recovered Material Processing Building								
State Attorney Building								
Transfer Station Building/ Admin Office								
Wilson Building								
Work Release –Mod #1								
Work Release –Mod #2								
Work Release – POD 1 (Women's)								
Work Release – POD 2 (Men's)								
SWAG Resource Center								
Public Defender Building								
Josiah T Walls Building								
Building Location	**$ Annual Standpipe Inspection/ Maintenance**	**$ 3 Year Standpipe Testing**	**$ 5 Year Standpipe Testing**					
Civil Courthouse *(Must be Inspected on Weekends*								
County Administration Building								
Criminal Courthouse*(Must be Inspected on Weekends)*								
Fairgrounds								
TOTAL $ AMOUNT (Bid Award will be based the on LUMP SUM TOTAL)				**(Lump Sum Bid Award Base)**				

Fire Alarm and Integrated Labor Rates For Repairs and NO Material Markup		
Item	**$ Standard Hours**	**$ Overtime Hours**
Labor Rate For Repairs, per Hour, 1st Person	/hour	/hour
Labor Rate For Repairs, per Hour, 2st Person	/hour	/hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Sprinkler Labor Rate For Repairs And NO Material Markup		
Item	**$ Standard Hours**	**$ Overtime Hours**
Labor Rate For Repairs, per Hour, 1st Person	/hour	/hour
Labor Rate For Repairs, per Hour, 2st Person	/hour	/hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Fire Alarm & Sprinkler Labor Rate For Repairs and NO Material Markup	
Item	**$ Standard Hours**
Labor Rate for Normal Hours Emergency Repairs, per Hour 1st Person	/hour
Labor Rate for Normal Hours Emergency Repairs, per Hour 2nd Person	/hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.	

Acknowledge Receipt of Addendum(s) (if applicable circle):

#1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: _____ Company: _____

Address: _____

Authorized Signature: _____ Title: _____

Clearly Print Name: _____

Phone: _____ Fax: _____ Date: _____

Email Address: _____

EXHIBIT B

_____

(Insert Name of Corporation)

CORPORATE RESOLUTION

GRANTING SIGNING AUTHORITY
AND AUTHORITY TO CONDUCT BUSINESS

The Board of Directors ("Directors") of _____, a
(insert name of company)
_____ corporation (the "Corporation"), at a duly and properly
(insert state of incorporation)
held meeting on the _____ day of _____, 20____, did hereby consent to, adopt, ratify, confirm and approve the following recitals and resolutions:

WHEREAS, the Corporation is a duly formed, validly existing corporation in good standing under the laws of the State of _____ and is authorized to do business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute and enter into contracts and conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of the Corporation listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision of the State of Florida:

NAME	**TITLE**
_____	_____
_____	_____
_____	_____
_____	_____

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Procurement Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Procurement Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this _____ day of _____, 20_____, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal) Secretary of the Corporation

By:_____

_____

(Print Secretary's Name)

EXHIBIT C

PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida 'public records" are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

(Execute either section I. or II, but not both; bidder may not modify language)

I. NO EXEMPTION FROM PUBLIC RECORDS LAW

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.

Bidder's Signature: _____ Date: _____

- - - OR - - -

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspector copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature: _____ Date: _____

EXHIBIT D

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

OPTION 1

I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

Circle One:

Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to Option 2).

OPTION 2

I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.

Circle One:

Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to Option 3.)

EXHIBIT D

BID NUMBER: «21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

OPTION 3

SBE Participation. I certify that our Company has contacted the Alachua County's Certified SBEs listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for the total dollar value and percentage of the bid set forth below.

If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to Option 4 and document your Good Faith Effort.

SBE Name of Contractor: _____
Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%
SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

EXHIBIT D

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

OPTION 4

SBE Good Faith Effort. To be considered responsive all Vendors should have SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. If option 1, 2 or 3 was not chosen the Vendor should complete the section below substantiating compliance with good faith effort requirements.

In accordance with Section 22.11-207, of the Alachua County Procurement Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response should be recorded in the section below.)

Name of SBE Company: ______________________________

Date SBE Contacted: ______________________________

SBE Contact Name and Phone #:______________________________

Must be completed by. SBE Response when contacted:______________________________

Name of SBE Company: ______________________________

Date SBE Contacted: ______________________________

SBE Contact Name and Phone #:______________________________

Must be completed by. SBE Response when contacted:______________________________

Name of SBE Company: ______________________________

Date SBE Contacted: ______________________________

SBE Contact Name and Phone #:______________________________

Must be completed by. SBE Response when contacted:______________________________

Name of SBE Company: ______________________________

Date SBE Contacted: ______________________________

SBE Contact Name and Phone #:______________________________

Must be completed by. SBE Response when contacted:______________________________

Name of SBE Company: ______________________________

Date SBE Contacted: ______________________________

SBE Contact Name and Phone #:______________________________

Must be completed by. SBE Response when contacted:______________________________

EXHIBIT D

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

I as the undersigned Vendor certify that I have completed one of the option(s) below (Circle One):

OPTION 1 OPTION 2 OPTION 3 OPTION 4

If you are unable to certify that, you have completed to the best of your knowledge and belief OPTION 1, OPTION 2, OPTION 3 or OPTION 4, CALL (48 hours prior to bid opening) Procurement at 352.374.5202, for direction.

Vendor Name: _____ Date: _____

Signature: _____ Title: _____

Printed Name: _____

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article 12 of the Alachua County Code.

Please mark the appropriate box below that applies to how you pay your employees:

☐ Employees involved with Alachua County projects are paid a minimum of $14.50 hourly or the current prevailing wage and are provided health benefits?

☐ Employees involved with Alachua County projects are paid a minimum of $16.50 hourly or the current prevailing wage but are not provided health benefits?

Bidder: _____ Company: _____

Address: _____

Authorized Signature: _____ Title: _____

Clearly Print Name: _____

Phone: _____ Fax: _____ Date: _____

Email Address: _____

EXHIBIT F

DRUG FREE WORKPLACE

Florida Statute , Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process

The undersigned vendor in accordance with §287.087, Florida Statute hereby certifies that

_____

Name of Business

Does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

_____

Bidder's Signature

_____

Date

EXHIBIT G

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit B.

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total $ Value: $_____ % of Total BID/RFP: _____%

If additional space is required for your subcontractor listing, make copies of this **Exhibit G** and submit with you bid package.

EXHIBIT H

BIDDER'S QUESTIONNAIRE

Bidder's Name:_____

Bidder's Address:_____ Phone:_____

Number of years in this type of service?_____ Number of years licensed in Alachua County:_____

Number of employees "ON THE JOB" each week:_____ Number of employees "ON CALL" each week:____

Will you subcontract any part of this work: Yes No
If so, give details:

_____

_____

List all major equipment which will be available upon commencement of the agreement to perform the required service: _____

Do you currently hold any municipality contracts: Yes No
If so, please indicate below:

_____

_____

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

1) Firm: _____ Phone:_____

Contact Person:_____

2) Firm: _____ Phone:_____

Contact Person:_____

3) Firm: _____ Phone:_____

Contact Person:_____

Are your employees screened by: (indicate below)

1) Polygraph
2) General Interview
3) Background Investigation
4) Police Record Check
5) Additional

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes_____ No_____. If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours:_____

Describe below, your firm's operational plan for providing the services under this agreement:

_____

_____

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE:_____ AUTHORIZED SIGNATURE:_____

EXHIBIT I

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between Alachua County and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL ADDRESS: _____

ALTERNATE RESPONSIBLE AGENT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL ADDRESS: _____

SIGNED:_____ DATE:_____

EXHIBIT J

TYPE "A" INSURANCE REQUIREMENTS
"ARTISAN CONTRACTORS / SERVICE CONTACTS"

The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.

COMMERCIAL GENERAL LIABILITY

Coverage must be afforded under a per occurrence form policy for limits not less than $1,000,000 General Aggregate, $1,000,0000 Products / Completed Operations Aggregate, $1,000,000 Personal and Advertising Injury Liability, $1,000,000 each Occurrence, $50,000 Fire Damage Liability and $5,000 Medical Expense.

AUTOMOBILE LIABILITY

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than $1,000,000 combined single limit each accident.

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer's Liability limits for not less than $100,000 each accident; $500,000 disease policy limit and $100,000 disease each employee must be included.

BUILDER'S RISK / INSTALLATION FLOATERS (when applicable)

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the
National Flood Insurance Program.

EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)

Employee Dishonesty coverage must be afforded for not less than $500,000 Blanket all employees ISO Form

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

I Commercial General Liability and Automobile Liability Coverages

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

II All Coverages

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.

SUBCONTRACTORS

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

CERTIFICATE HOLDER: Alachua County Board of County Commissioners

MAIL, EMAIL or FAX CERTIFICATES

The Certificate of Insurance must include the following:

Department Contact: Steven Wargo
Department: **Facilities Management**
Phone: **352.374.5229**
Email: **swargo@alachuacounty.us**
Bid: **21-215 Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services**

Gator Fire Equipment Company #JT0815

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/28/2020 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Management Phone: _____

Owner's Address: 915 SE 5th St Gainesville Fl 32605

Property Being Inspected: Alachua Administrative Annex Phone: _____

Property Address: 10 SW 2nd Avenue, Gainesville, Florida 32601

Monitoring Entity
Name: Crime Prevention
Telephone: (352) 376-1582
Account Ref. #: C02-01-9331

Approving Agency
Contact: Alachua County
Phone: 352-955-1818. (Dispatch)

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☐ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: _____

Control Unit Manufacturer: Simplex
Model #: 4010

Last Date System Had Any Service Performed: 01/2020
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☐	☐	Management	7:30 am
Monitoring Entity	☐	☐	Crime prevention	7:30 am
Building Occupants	☐	☐	Employees	7:30 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/28/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 05/28/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/28/2020 Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 9	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y 24	Other	
Photo Detectors	B 9	4	Other	Speakers	Y	Other	
Duct Detectors	B 8	4	Other	Chimes	Y	Other	
Heat Detectors	B 10	4	Other	Strobes	Y 25	Other	
Waterflow Switches	B 1	4	Other	Horn/Strobes	Y	Other	
Supervisory Switches	B 1	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 6			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: 1st Floor East

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 v Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): 1st floor restroom hall
Disconnecting Means Location: CKT# 13
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 26 AH
Calculated capacity to operate system, in hours: 24 ☐ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:
C. Location of Fuel Storage:

Type of Battery

Dry Cell ☐
Nickel-Cadmium ☐
Sealed Lead-Acid ☑
Other(Specify): ☐

Secondary Power

Type	Visual	Functional
Battery Condition	☑	
Load Voltage		☑
Discharge Test		☑
Charger Test		☑
Specific Gravity		☐

Comments

FACP-5/16.	P/S-05/19
27.4 V.	27.4 V
5 - Minutes	
25.4 V.	25.8 V

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments:

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st floor west stair	Pull	☑	☑	☑	☐		
1st floor elevator lobby	Pull	☑	☑	☑	☐		
1st floor east stair	Pull	☑	☑	☑	☐		
1st floor office center	Pull	☑	☑	☑	☐		
1st floor lobby	Pull	☑	☑	☑	☐		
2nd floor west stairs	Pull	☑	☑	☑	☐		
2nd floor east stairs	Pull	☑	☑	☑	☐		
3rd floor west stairs	Pull	☑	☑	☑	☐		
3rd floor east stairs	Pull	☑	☑	☑	☐		
1st floor elevator lobby	PSD	☑	☑	☑	☐		
1st floor mechanical room	PSD	☑	☑	☑	☐		
1st fl elevator mechanical room	PSD	☑	☑	☑	☐		
1st floor open work area	PSD	☑	☑	☑	☐		
2nd floor elevator lobby	PSD	☑	☑	☑	☐		
2nd floor south corridor	PSD	☑	☑	☑	☐		
2nd floor north corridor	PSD	☑	☑	☑	☐		
3rd floor elevator lobby	PSD	☑	☑	☑	☐		
3rd floor open office area	PSD	☑	☑	☑	☐		
1st floor mechanical room sup.	PDD	☑	☑	☑	☐		
1st floor mechanical room ret.	PDD	☑	☑	☑	☐		
2nd floor mechanical room sup.	PDD	☑	☑	☑	☐		
2nd floor mechanical room ret.	PDD	☑	☑	☑	☐		
3rd floor mechanical room sup.	PDD	☑	☑	☑	☐		
3rd floor mechanical room ret.	PDD	☑	☑	☑	☐		
3rd floor mechanical room sup.	PDD	☑	☑	☑	☐		
3rd floor mechanical room ret.	PDD	☑	☑	☑	☐		
1st floor elevator mechanical room	H/D	☑	☑	☑	☐		
2nd floor file room	H/D	☑	☑	☑	☐		
2nd floor server room	H/D	☑	☑	☑	☐		
2nd floor conference room west	H/D	☑	☑	☑	☐		
2nd floor conference room east	H/D	☑	☑	☑	☐		
3rd floor elevator shaft	H/D	☑	☑	☑	☐		
3rd floor conference room west	H/D	☑	☑	☑	☐		
3rd floor conference room east	H/D	☑	☑	☑	☐		
3rd floor conference room	H/D	☑	☑	☑	☐		
Elevator pit	H/D	☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Power supply (4009)	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Agency	☑	☐	Crime prevention	10:00 am
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

Comments:

Recommended replacement of system batteries. Out of date. (2) 12 v 26 ah batteries.

AHJ-Brian Greene

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/27/2020 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Facilities Phone:

Owner's Address 915 SE 5th St Gainesville Fl 32605

Property Being Inspected: Alachua County Administration BLDG Phone:

Property Address: 12 SE 1st St Gainesville Fl 32605

Monitoring Entity
Name: Universal Monitoring
Telephone: 352-331-9032
Account Ref. #: C02-01-4042

Approving Agency
Contact: City of Gainesville
Phone: 352-955-1818 (Dispatch)

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify:

Control Unit Manufacturer: Notifier
Model #: NFS-640

Last Date System Had Any Service Performed: 3/2020
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: Style(s): B
Circuit Styles: No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	7:30 am
Monitoring Entity	☑	☐	Universal	7:30 am
Building Occupants	☑	☐	Employees	7:30 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/27/2020 Time: 2:00 pm

Name of Inspector: Neil Pollock Date: 05/27/2020 Time: 2:00 pm

Signature: Neil Pollock

Name of Owner or Representative:

Date: 05/27/2020 Time: 2:00 pm

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 15	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B 15	4	Other	Speakers	Y	Other	
Duct Detectors	B 9	4	Other	Chimes	Y	Other	
Heat Detectors	B 14	4	Other	Strobes	Y	Other	
Waterflow Switches	B 1	4	Other	Horn/Strobes	Y 101	Other	
Supervisory Switches	B 2	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 20			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
				Are Circuits Synchronized? Yes ☐ No ☑			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: East entrance & downstairs 911 center

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20
Over Current Protection: Type: Breaker Amps 20
Location (of Primary Supply Panel Board): Basement Electric Rm
Disconnecting Means Location: #13

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 18 ah
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

- Dry Cell ☐
- Nickel-Cadmium ☐
- Sealed Lead-Acid ☑
- Other(Specify): ☐

Secondary Power

Type	Visual	Functional
Battery Condition	☑	
Load Voltage		☑
Discharge Test		☑
Charger Test		☑
Specific Gravity		☐

Comments

FACP-2/19 P/S #1-2/19 P/S #3-2/19
27.2 . 27.2. 27.5. 27.3
15 - Minutes
25.4. 25.2. 25.5. 25.2

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☑ Comments: Main FACP & Power Supplies

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
4th Fl N Stairwell	Pull	☑	☑	☑	☐		
4h Fl S Stairwell	Pull	☑	☑	☑	☐		
4th Fl Elevator Lobby	Pull	☑	☑	☑	☐		
4th Fl Elevator Lobby	PSD	☑	☑	☑	☐		
4th Fl Penthouse	PSD	☑	☑	☑	☐		
4th Fl Mech Closet	H/D	☑	☑	☑	☐		
4th Fl N AHU	D/D	☑	☑	☑	☐		
4th Fl N AHU	D/D	☑	☑	☑	☐		
4th Fl S AHU	D/D	☑	☑	☑	☐		
3rd Fl Elevator Lobby	Pull	☑	☑	☑	☐		
3rd Fl E Stairwell	Pull	☑	☑	☑	☐		
3rd Fl Elevator Lobby	PSD	☑	☑	☑	☐		
3rd Fl Rm 10	PSD	☑	☑	☑	☐		
3rd S Mech Rm	PSD	☑	☑	☑	☐		
3rd Rm 20	PSD	☑	☑	☑	☐		
3rd E Mech Rm	PSD	☑	☑	☑	☐		
3rd Fl S Mech Rm	D/D	☑	☑	☑	☐		
3rd Fl E Mech Rm	D/D	☑	☑	☑	☐		
2nd Fl Auditorium	Pull	☑	☑	☑	☐		
2nd Fl E Stairwell	Pull	☑	☑	☑	☐		
2nd Fl N Stairwell	Pull	☑	☑	☑	☐		
2nd Fl S Stairwell	Pull	☑	☑	☑	☐		
2nd Fl Auditorium	PSD	☑	☑	☑	☐		
2nd Fl Elevator Lobby	PSD	☑	☑	☑	☐		
2nd Fl Rm 106	PSD	☑	☑	☑	☐		
2nd Fl Fiscal Closet	PSD	☑	☑	☑	☐		
2nd Fl Rm 222	PSD	☑	☑	☑	☐		
2nd Fl Rm 231	PSD	☑	☑	☑	☐		
2nd Fl Mech Rm 231	H/D	☑	☑	☑	☐		
2nd Fl Mech Rm 231	H/D	☑	☑	☑	☐		
1st Fl E Exit	Pull	☑	☑	☑	☐		
1st Fl Civil Bureau	Pull	☑	☑	☑	☐		
1st Fl W Exit	Pull	☑	☑	☑	☐		
W Outside Mech Rm	Pull	☑	☑	☑	☐		
1st Fl E Exit	PSD	☑	☑	☑	☐		
1st Fl Elevator Lobby	PSD	☑	☑	☑	☐		

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st Fl Storage Closet Upstairs EO	PSD	☑	☑	☑	☐		
1st Fl Kitchen	H/D	☑	☑	☑	☐		
1st Fl Kitchen Closet	H/D	☑	☑	☑	☐		
Outside Mech Rm	H/D	☑	☑	☑	☐		
Outside Mech Rm	D/D	☑	☑	☑	☐		
Outside Mech Rm	D/D	☑	☑	☑	☐		
Basement W Exit	Pull	☑	☑	☑	☐		
Basement S Stairwell	Pull	☑	☑	☑	☐		
Basement Op Center	H/D	☑	☑	☑	☐		
Basement Op Center	H/D	☑	☑	☑	☐		
Basement Op Center	H/D	☑	☑	☑	☐		
Basement Op Center	H/D	☑	☑	☑	☐		
Basement Op Center	H/D	☑	☑	☑	☐		
Op Center Closet	H/D	☑	☑	☑	☐		
Op Center Closet	H/D	☑	☑	☑	☐		
Op Center Closet	H/D	☑	☑	☑	☐		
Op Center Closet	H/D	☑	☑	☑	☐		
Outside Rm 101	H/D	☑	☑	☑	☐		
Basement Rm 101	H/D	☑	☑	☑	☐		
Basement Rm 101	H/D	☑	☑	☑	☐		
Basement Rm 101	H/D	☑	☑	☑	☐		
Basement Rm 101	H/D	☑	☑	☑	☐		
Basement Rm 101	H/D	☑	☑	☑	☐		
Basement Riser	Tamper	☑	☑	☑	☐		
Basement Riser	Tamper	☑	☑	☑	☐		
Basement Riser	Flow	☑	☑	☑	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Power Supply #1-1st fl mechanical room	☑	☑	☐
(Specify): Power Supply #2-1st fl mechanical room	☑	☑	☐
(Specify): Power Supply #3-2nd fl mechanical room	☑	☑	☐
(Specify): Power supply #4-3rd fl mechanical room	☑	☑	☐
(Specify): Power supply #5-4th fl mechanical room	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Elevator recall	☑	☐	☑
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	2:00 pm
Monitoring Agency	☑	☐	Universal	2:00 pm
Building Occupants	☑	☐	Employees	2:00 pm
Other (Specify)	☐	☐		

Comments:

Power supplies power come from house panels in mechanical rooms next to power supplies.

Deficiencies – The Following Did Not Operate Correctly:

GATOR FIRE EQUIPMENT COMPANY

1032 S. Main Street, Gainesville, FL 32608 352-373-1738

Report of Inspection & Testing

Pre-Engineered Fire Suppression System Report

Name of property: Civil Courthouse **Inspector:** Donovan Campbell

Address: 201 E University Ave **City:** Gainesville **State:** Fl **Zip:** _____

Phone: _____ **Owner/Customer:** _____

Inspection: ☐ Annual ☑ Semi-Annual ☐ Recharge ☐ Installation ☐ Renovation ☐ Other: _____

Type of System: ☐ Range Hood ☐ Paint Booth ☐ Fuel Island ☐ Clean Agent **Agent:** ☐ Wet ☐ Dry ☐ Clean Agent

Location of System in Facility: _____

Manufacturer: Pyrotechnics **Model:** _____ **Serial #:** AA10119

Cylinder Size(s):	1.) 324lbs	2.) _____	3.) _____	4.) _____
Serial Number(s)	1.) _____	2.) _____	3.) _____	4.) _____
Last Hydro Date:	1.) _____	2.) _____	3.) _____	4.) _____
Last Recharge Date:	1.) _____	2.) _____	3.) _____	4.) _____

Activation ☐ Link ☐ Electric **Style:** _____ **Links (#):** 360 F - (____) 450 F - (____) 500 F - (____) Other (____) F - (____)

Fuel Shut-off Provided: ☐ Yes ☐ No **Type:** ☐ Electric ☐ Gas **# of Micro-switches / Size of Gas Valve:** _____ / _____

Manufacturer's Manual Information: (date/page/diagram) _____

Appliance Locations (left to right): Server Room

(All "NO" answers to be fully explained.)

1. Were the inspection and maintenance performed in accordance with the presently adopted editions of NFPA, including 17, 17A, 96, and 2001?	☑ Yes ☐ No
2. Was the system tagged in accordance with Rule 69A-21.303, F.A.C.?	☑ Yes ☐ No
3. Were the inspection and maintenance performed in accordance with the manufacturer's manual and the manufacturer's specifications?	☑ Yes ☐ No

DEFICIENCIES OR COMMENTS:

The Inspector/permitee certifies that the system was personally inspected and found the conditions to be as indicated on the report, as detailed above. The customer affirms the report was reviewed and was made aware of the condition of the system and any deficiencies that require attention.

Inspector's Signature: _____ Permit Number: FEP12000183

Owner/Customer's Signature: _____ Date / Time of Inspection: 05/22/2020

Updated 2012-06-07

Gator Fire Equipment Company

J69801

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/02/2020 Time: 10:00 am

Owner or Owner's Rep.: Alachua County Criminal Courthouse Phone:

Owner's Address: 220 South Main Street, Gainesville, Florida 32601

Property Being Inspected: Alachua County Criminal Courthouse Phone:

Property Address: 220 South Main Street, Gainesville, Florida 32601

Monitoring Entity
Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: C02-01-BE32

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify:

Control Unit Manufacturer: Simplex
Model #: 4100

Last Date System Had Any Service Performed: 02/20
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 2 Style(s):
Circuit Styles: 4 No. of Circuits:

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Entity	☑	☐	Universal Monitoring	10:00 am
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/02/2020 Time: 4:30 pm

Name of Inspector: Neil Pollock Date: 05/02/2020 Time: 4:30 pm

Signature: Neil Pollock

Name of Owner or Representative:

Date: 05/02/2020 Time: 4:30 pm

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity		
Manual Pull Stations	B ____	4 26	Other ____
Ion Detectors	B ____	4 ____	Other ____
Photo Detectors	B ____	4 109	Other ____
Duct Detectors	B ____	4 26	Other ____
Heat Detectors	B ____	4 ____	Other ____
Waterflow Switches	B ____	4 6	Other ____
Supervisory Switches	B ____	4 15	Other ____
Pressure Switches	B ____	4 1	Other ____
Low Air	B ____	4 ____	Other ____
Other(Specify):	B ____	4 ____	Other ____

	Circuit Style/Quantity	
Bells	Y ____	Other ____
Horns	Y ____	Other ____
Speakers	Y 85	Other ____
Chimes	Y ____	Other ____
Strobes	Y 85	Other ____
Horn/Strobes	Y ____	Other ____
Other(Specify):	Y ____	Other ____

No. of Notification Appliance Circuits: 52

Are Circuits Supervised? Yes ☑ No ☐

Are Circuits Synchronized? Yes ☑ No ☐

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: Front lobby (Main entrance)

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity	
Site Water Temp.	N/A ☑	B ____	4 ____ Other ____
Site Water Level	N/A ☑	B ____	4 ____ Other ____
Fire Pump Power	N/A ☐	B 1	4 ____ Other ____
Fire Pump Running	N/A ☐	B 1	4 ____ Other ____
Fire Pump Auto Position	N/A ☐	B 1	4 ____ Other ____
Fire Pump or Pump Control Trouble	N/A ☐	B 1	4 ____ Other ____
Generator in Auto Position	N/A ☑	B ____	4 ____ Other ____
Generator or Controller Trouble	N/A ☑	B ____	4 ____ Other ____
Generator Engine Running	N/A ☑	B ____	4 ____ Other ____
Switch Transfer	N/A ☑	B ____	4 ____ Other ____
Lock Box	N/A ☑	B ____	4 ____ Other ____
Other (Specify):	N/A ☑	B ____	4 ____ Other ____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A

Over Current Protection: Type: Breaker Amps 20 A

Location (of Primary Supply Panel Board): Electrical room Panel# EL1-1

Disconnecting Means Location: CKT# 23

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 33 AH

Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐

Engine-Driven Generator dedicated to Fire Alarm System: ____

C. Location of Fuel Storage: ____

Type of Battery

Dry Cell	☐
Nickel-Cadmium	☐
Sealed Lead-Acid	☑
Other(Specify):	☐

Secondary Power

Type	Visual	Functional	Comments
Battery Condition	☑		FACP-6/18
Load Voltage		☑	27.3 V
Discharge Test		☑	15 - Minutes
Charger Test		☑	25.2 V
Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

____ Emergency system described in NFPA 70, Article 700

____ Legally required standby described in NFPA 70, Article 701

____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional
Control Unit	☑	☑
Interface Equipment	☑	☑
L.E.D.'s/Lamps	☑	☑
Fuses/Microbreakers	☑	☑
Primary Power Supply	☑	☑
Trouble Signals	☑	☑
Disconnect Switches	☑	☑
Ground Fault Monitoring	☑	☑

Comments

(3) FACP Interconected.

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st fl Area# A126 corridor exit	PULL	☑	☑	☑	☐		
1st fl Area# A102 Jury Assembly	PULL	☑	☑	☑	☐		
1st fl Area# A Lobby B133 West	PULL	☑	☑	☑	☐		
1st fl Area# A101 Stairs exit	PULL	☑	☑	☑	☐		
1st fl Area# A123 Stairs exit	PULL	☑	☑	☑	☐		
1st fl Area# A132 Vestibule exit	PULL	☑	☑	☑	☐		
1st fl Area# B151 Boilers room	PULL	☑	☑	☑	☐		
1st fl Area# B146 Chillers room	PULL	☑	☑	☑	☐		
1st fl Area# B101 Corridor exit	PULL	☑	☑	☑	☐		
1st fl Area# B150 Electrical room	PULL	☑	☑	☑	☐		
1st fl Area# B147 Fire pump room	PULL	☑	☑	☑	☐		
1st fl Area# B133 Lobby east exit	PULL	☑	☑	☑	☐		
1st fl Area# B143 Security exit	PULL	☑	☑	☑	☐		
1st fl Area# B139 Stairs exit	PULL	☑	☑	☑	☐		
1st fl Area# B148 Vehicle Sally	PULL	☑	☑	☑	☐		
2nd fl Area# A202 Corridor exit	PULL	☑	☑	☑	☐		
2nd fl Area# A233 Corridor exit	PULL	☑	☑	☑	☐		
2nd fl Area# A216 Public wait exit	PULL	☑	☑	☑	☐		
2nd fl Area# B128 Corridor exit	PULL	☑	☑	☑	☐		
3rd fl Area# A302 Corridor exit	PULL	☑	☑	☑	☐		
3rd fl Area# A340 Corridor exit	PULL	☑	☑	☑	☐		
3rd fl Area# B307 Corridor exit	PULL	☑	☑	☑	☐		
3rd fl Area# A360 Public Wait	PULL	☑	☑	☑	☐		
4th fl Area# B429 Corridor exit	PULL	☑	☑	☑	☐		
4th fl Area# A405 Stairs exit	PULL	☑	☑	☑	☐		
5th fl Area# B501 Elev mechanical	PULL	☑	☑	☑	☐		
1st fl Area A164 Above Main FACP	PSD	☑	☑	☑	☐		
1st fl Area A127 A.B	PSD	☑	☑	☑	☐		
1st fl Area A108 Communications	PSD	☑	☑	☑	☐		
1st fl Area A121 Corridor	PSD	☑	☑	☑	☐		
1st fl Area A138 to A141 Corridor	PSD	☑	☑	☑	☐		
1st fl Area A138 to A142 Corridor	PSD	☑	☑	☑	☐		
1st fl Area A138 to A144 Corridor	PSD	☑	☑	☑	☐		
1st fl Area A148 to A149 Corridor	PSD	☑	☑	☑	☐		
1st fl Area A163 EQ Work room	PSD	☐	☐	☐	☐	No access	
1st fl Area A125 Evidence storage	PSD	☐	☐	☐	☐	No access	

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Power supply#1 1st fl	☑	☑	☐
(Specify): Power supply#2 1st fl	☑	☑	☐
(Specify): Power supply#3 3rd Floor	☑	☑	☐
(Specify): Power supply#4 3rd Floor	☑	☑	☐
(Specify): Power supply#4 3rd Floor	☑	☑	☐
(Specify): Power supply#5 4th fl	☑	☑	☐
(Specify): Power supply#6 4th fl	☑	☑	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	4:30 pm
Monitoring Agency	☑	☐	Universal Monitoring	4:30 pm
Building Occupants	☑	☐	Employees	4:30 pm
Other (Specify)	☐	☐		

Comments:

(3) Simplex 4100 FACP Interconected. (1) Main panel. (2) Back entrance. (3) Jail section
(3) Simplex Power supply in 3rd fl (Breaker unknown)
(3) Simplex Power supply in 2nd floor (Breaker unknown)

Deficiencies – The Following Did Not Operate Correctly:

4th Floor South end Strobe circuit not operational & need troubleshooting

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
2nd fl Area A246 Inmate Elev lobby	PSD	☑	☑	☑	☐		
2nd fl Area A Judge/Clerk Elev lobby	PSD	☑	☑	☑	☐		
2nd fl Area A264 W mechanical room	PSD	☑	☑	☑	☐		
2nd fl Area A264 E mechanical room	PSD	☑	☑	☑	☐		
2nd fl Area A266 Staging STO	PSD	☑	☑	☑	☐		
2nd fl Area A229 Storage	PSD	☑	☑	☑	☐		
2nd fl Area A230 Storage	PSD	☑	☑	☑	☐		
2nd fl Area A243 Storage	PSD	☑	☑	☑	☐		
2nd fl Area B207 A.V Closet	PSD	☑	☑	☑	☐		
2nd fl Area B203 Communications	PSD	☑	☑	☑	☐		
2nd fl Area B205 Evidence storage	PSD	☐	☐	☐	☐	No access	
2nd fl Area B206 Evidence storage	PSD	☐	☐	☐	☐	No access	
2nd fl Area B Inmate Elev lobby	PSD	☑	☑	☑	☐		
2nd fl Area B215 Janitor closet	PSD	☑	☑	☑	☐		
2nd fl Area B216 Mechanical room	PSD	☑	☑	☑	☐		
2nd fl Area B226 Mechanical room W	PSD	☑	☑	☑	☐		
2nd fl fl Area B226 Mechanical room E	PSD	☑	☑	☑	☐		
2nd fl Area B Public Elev lobby	PSD	☑	☑	☑	☐		
2nd fl Area B228 Staging STO	PSD	☑	☑	☑	☐		
3rd fl Area A354 A.V Closet	PSD	☑	☑	☑	☐		
3rd fl Area A348 Electrical room	PSD	☑	☑	☑	☐		
3rd fl Area A352 Evidence storage	PSD	☐	☐	☐	☐	No access	
3rd fl Area A353 Evidence storage	PSD	☐	☐	☐	☐	No access	
3rd fl Area A Inmate Elev Equipment room	PSD	☑	☑	☑	☐		
3rd fl Area A Inmate Elev lobby	PSD	☑	☑	☑	☐		
3rd fl Area A Judge/Clerk Elev lobby	PSD	☑	☑	☑	☐		
3rd fl Area A365 E Mechanical room	PSD	☑	☑	☑	☐		
3rd fl Area A365 W mechanical room	PSD	☑	☑	☑	☐		
3rd fl Area A367 Staging closet	PSD	☑	☑	☑	☐		
3rd fl Area A329 Storage	PSD	☑	☑	☑	☐		
3rd fl Area A330 Storage	PSD	☑	☑	☑	☐		
3rd fl Area A339 Storage	PSD	☑	☑	☑	☐		
3rd fl Area B303 Communications	PSD	☑	☑	☑	☐		
3rd fl Area B301 STO B323 corridor	PSD	☑	☑	☑	☐		
3rd fl Area B Inmate Elev equipment room	PSD	☑	☑	☑	☐		
3rd fl Area B Inmate Elev lobby	PSD	☑	☑	☑	☐		

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st fl Area A139 Female Holding	PSD	☐	☐	☐	☐	No access	
1st fl Area A157 General storage	PSD	☑	☑	☑	☐		
1st fl Area A Inmate elevator lobby	PSD	☑	☑	☑	☐		
1st fl Area A140 Janitor closet	PSD	☑	☑	☑	☐		
1st fl Area A Judge/Clerk elev lobby	PSD	☑	☑	☑	☐		
1st fl Area A107 Mechanical room	PSD	☑	☑	☑	☐		
1st fl Area A136 East Mechanical room	PSD	☑	☑	☑	☐		
1st fl Area A136 West Mechanical room	PSD	☑	☑	☑	☐		
1st fl Area A133 Public Wait	PSD	☑	☑	☑	☐		
1st fl Area A146 Closet	PSD	☑	☑	☑	☐		
1st fl Area A103 Storage	PSD	☑	☑	☑	☐		
1st fl Area A129 Storage	PSD	☑	☑	☑	☐		
1st fl Area A123 North Vestibule	PSD	☑	☑	☑	☐		
1st fl Area A123 South Vestibule	PSD	☑	☑	☑	☐		
1st fl Area B151 Boilers room	PSD	☑	☑	☑	☐		
1st fl Area B146 Chillers room	PSD	☑	☑	☑	☐		
1st fl Area B115 to B116 Corridor	PSD	☑	☑	☑	☐		
1st fl Area B115 to B 118 Corridor	PSD	☑	☑	☑	☐		
1st fl Area B104 Evidence room	PSD	☐	☐	☐	☐	No access	
1st fl Area B147 Fire Pump room	PSD	☑	☑	☑	☐		
1st fl Area B Inmate elev lobby	PSD	☑	☑	☑	☐		
1st fl Area B144 Janitor closet	PSD	☑	☑	☑	☐		
1st fl Area B103 Main Comm	PSD	☑	☑	☑	☐		
1st fl Area B109E Main Cust	PSD	☑	☑	☑	☐		
1st fl Area B109W Main Cust	PSD	☑	☑	☑	☐		
1st fl Area B150 E Electrical room	PSD	☑	☑	☑	☐		
1st fl Area B150 W Electrical room	PSD	☑	☑	☑	☐		
1st fl Area B125 Mechanical room E	PSD	☑	☑	☑	☐		
1st fl Area B125 Mechanical room W	PSD	☑	☑	☑	☐		
1st fl Area B Public Elev lobby	PSD	☑	☑	☑	☐		
1st fl Area B108 STO E	PSD	☑	☑	☑	☐		
1st fl Area B108 STO W	PSD	☑	☑	☑	☐		
2nd fl Area A247 A.V closet	PSD	☑	☑	☑	☐		
2nd fl Area A241 Electrical room	PSD	☑	☑	☑	☐		
2nd fl Area A245 Evidence storage	PSD	☐	☐	☐	☐	No access	
2nd fl Area A246 Evidence storage	PSD	☐	☐	☐	☐	No access	

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
3rd floor Area B308 Janitor closet	PSD	☑	☑	☑	☐		
3rd fl Area B318 Mechanical room W	PSD	☑	☑	☑	☐		
3rd fl Area B318 Mechanical room E	PSD	☑	☑	☑	☐		
3rd fl Area B Public Elev lobby	PSD	☑	☑	☑	☐		
3rd fl Area B320 Staging STO	PSD	☑	☑	☑	☐		
4th fl Area A429 Communications	PSD	☑	☑	☑	☐		
4th fl Area A428 Corridor	PSD	☑	☑	☑	☐		
4th fl Area A411 N General STO	PSD	☑	☑	☑	☐		
4th fl Area A411 S General STO	PSD	☑	☑	☑	☐		
4th fl Area A Judge/Clerk Elev ECP1	PSD	☑	☑	☑	☐		
4th fl Area A Judge/Clerk Elev ECP2	PSD	☑	☑	☑	☐		
4th fl Area A Judge/Clerk Elev lobby	PSD	☑	☑	☑	☐		
4th fl Area A413 Mechanical room N	PSD	☑	☑	☑	☐		
4th fl Area A413 Mechanical room S	PSD	☑	☑	☑	☐		
4th fl Area A433 SEC Biohazard	PSD	☑	☑	☑	☐		
4th fl Area A432 Evidence storage N	PSD	☐	☐	☐	☐	No access	
4th fl Area A432 Evidence storage S	PSD	☐	☐	☐	☐	No access	
4th fl Area A432 Evidence storage	PSD	☐	☐	☐	☐	No access	
4th fl Area A431 Staging SEC	PSD	☐	☐	☐	☐	No access	
4th fl Area A404 Trial Clerk	PSD	☑	☑	☑	☐		
4th fl Area B403 Electrical room	PSD	☑	☑	☑	☐		
4th fl Area B432 Janitor closet	PSD	☑	☑	☑	☐		
4th fl Area B404 Mechanical room	PSD	☑	☑	☑	☐		
4th fl Area B418 Off Rec STO	PSD	☑	☑	☑	☐		
4th fl Area B Public Elev lobby	PSD	☑	☑	☑	☐		
4th fl Area B408 Sec STO	PSD	☑	☑	☑	☐		
5th fl Area B Elev Equipment room	PSD	☑	☑	☑	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st fl Area A107 Mech Return AHU#1	D/D	☑	☑	☑	☐		
1st fl Area A107 Mech Supply AHU#1	D/D	☑	☑	☑	☐		
1st fl Area A136 Mech Return AHU#2	D/D	☑	☑	☑	☐		
1st fl Area A136 Mech Supply AHU#2	D/D	☑	☑	☑	☐		
1st fl Area A136 Mech Return AHU#3	D/D	☑	☑	☑	☐		
1st fl Area A136 Mech Supply AHU#3	D/D	☑	☑	☑	☐		
1st fl Area B125 Mech Return AHU#4	D/D	☑	☑	☑	☐		
1st fl Area B125 Mech Supply AHU#4	D/D	☑	☑	☑	☐		
1st fl Area B125 Mech Return AHU#5	D/D	☑	☑	☑	☐		
1st fl Area B125 Mech Supply AHU#5	D/D	☑	☑	☑	☐		
2nd fl Area A217 Judge Assi Return	D/D	☐	☐	☐	☐	No tested	
2nd fl Area A264 Mech Return AHU#7	D/D	☑	☑	☑	☐		
2nd fl Area A264 Mech Supply AHU#7	D/D	☑	☑	☑	☐		
2nd fl Area A234 Stair Supply	D/D	☐	☐	☐	☐	No tested	
2nd fl Area B216 Mech Return AHU#10	D/D	☑	☑	☑	☐		
2nd fl Area B216 Mech Supply AHU#10	D/D	☑	☑	☑	☐		
2nd fl Area B226 Mech Return AHU#8	D/D	☑	☑	☑	☐		
2nd fl Area B226 Mech Supply AHU#8	D/D	☑	☑	☑	☐		
3rd fl Area A317 Judge Assit Return	D/D	☐	☐	☐	☐	No tested	
3rd fl Area A365 Mech Return AHU#10	D/D	☑	☑	☑	☐		
3rd fl Area A365 Mech Supply AHU#10	D/D	☑	☑	☑	☐		
3rd fl Area A341 Stairs Supply	D/D	☐	☐	☐	☐	No tested	
3rd fl Area B318 Mech Return AHU#12	D/D	☑	☑	☑	☐		
3rd fl Area B318 Mech Supply AHU#12	D/D	☑	☑	☑	☐		
4th fl Area A404 Mech Return AHU#16	D/D	☑	☑	☑	☐		
4th fl Area A404 Mech Supply AHU#16	D/D	☑	☑	☑	☐		
4th fl Area A413 Mech Return AHU#15	D/D	☑	☑	☑	☐		
4th fl Area A413 Mech Supply AHU#15	D/D	☑	☑	☑	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

GATOR FIRE EQUIPMENT COMPANY

Wet Septa

Report of Inspection & Testing

Of Wet Pipe Fire Protection Systems

Monthly and Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(Weekly inspection tasks are included in this report.)

Alachua Co. Fire Station 33

GREEN TAG

Name of property: Alachua Co. Fire Station 33 Inspector: J. Peppers Date: 2-18-20

Address: 5901 NW 34th Blvd Gainesville FL 32653

Inspection frequency: Monthly (Quarterly) Annual Other:

A-1.1	Sprinkler Supply Gauge	42 psi
A-1.2	Sprinkler System Gauge	53 psi

		Y	N/A	N
A-2.0	System in service on Inspection:	X		
A-2.1	Sprk. Control Valve locked/tamper open:	X		
A-2.2	Standpipe Control Va. locked/tamper open:		X	
A-2.3	Backflow Valve locked/tamper open:	X		
A-2.4	Anti-freeze Sys. Va. locked/tamper open:		X	
A-2.8	Tamper switches appear operational:	X		
A-3.1	Valve area accessible:	X		
A-3.2	Control valves accessible:	X		
A-4.1	Pressure Regulating Valve is open:		X	
A-4.2	Pressure Regulating Valve in good condition:		X	
A-4.1	Pressure Regulating Valve leak tight:		X	
A-4.4	Pressure Regulating Valve maintaining downstream pressure per design criteria:		X	
A-5.1	Pressure Relief Valve in closed position except when operational:		X	
A-5.2	Pressure Relief Valve in good condition:		X	
A-5.3	Pressure Relief Valve leak tight:		X	
A-5.4	Pressure Relief Valve maintaining upstream pressure per design criteria:		X	
A-6.1	Main Check Valve holding pressure:	X		
A-6.2	Alarm Check Valve exterior free of damage:		X	
A-6.3	Water flow switch operational:	X		
A-7.1	Trim Piping leak tight:		X	
A-7.2	Retard Chamber drip tight:		X	
A-7.3	Alarm drain drip tight when not operational:		X	
A-8.1	Trim valves in appropriate postion:		X	
A-8.2	Alarm Test line valve closed:		X	

		Y	N/A	N
A-9.1	FDC plainly visible:	X		
A-9.2	FDC easily accessible:	X		
A-9.5	FDC Swivels non-binding rotation:	X		
A-9.6	FDC Caps/Plugs in place:	X		
A-9.7	FDC Gaskets & Signs in place:	X		
A-9.10	FDC Check Valve drip free:	X		
A-9.11	FDC Ball Drip Drain drip free:		X	
A-10.1	Exterior Alarms properly identified:			X
A-10.2	Exterior Alarms appear operational:	X		
A-10.5	Interior Alarms appear operational:	X		
A-11.1	Extra heads in Spare head cabinet:	X		
A-11.2	Heads apprear to be proper temperature:	X		
A-11.3	Head Wrench for each type of head:	X		
A-11.6	Head in Cooler appears free of ice, corrosion:		X	
A-11.7	Head appears free of leakage or damage:	X		
A-11.8	Head appears free of paint:	X		
A-11.9	Heads appear free of non-approved coverings	X		
A-12.0	Standard Head less than 50 years:	X		
A-13.0	Residential Head less than 20 years:	X		
A-14.0	Wall Hydrant plainly visible:		X	
A-14.1	Wall Hydrant easily accessible:		X	
A-14.2	Wall Hydrant Identification Plate in place:		X	
A-15.1	Hose/Hydrant House free of damage:		X	
A-15.2	Hose/Hydrant House fully equipped:		X	
A-15.3	Hose/Hydrant House is accessible:		X	
A-16.1	Wet pipe areas appear properly heated:	X		
A-17.0	**Alarm panel clear:**	X		
A-18.0	**System left in service:**	X		
A-20.0	**Comments:**			

(All "NO" answers to be fully explained.)

Inspector's Initials: JP Owner/Designated Rep. Initials: E.H. Date: 2-18-20

GATOR FIRE EQUIPMENT COMPANY

WET

Report of Inspection & Testing

Alachua Co. Fire Station 33

Of Wet Pipe Fire Protection Systems

Quarterly and Annual Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Name of property: Alachua Co Fire Station 33 Inspector: J. Reppy Date: 2-18-20

Address: 3901 NW. 39th Blvd Gainesville FL. 32653

Inspection frequency: Monthly (Quarterly) Annual Other:

Quarterly Report of Inspection for a Wet Pipe Sprinkler System

		Y	N/A	N
B-1.1	Hydraulic Nameplate/Schedule sign attached:	X		
B-1.2	Strainers and Filters cleaned:		X	
B-1.3	Exterior Alarms properly identified:	X		
B-2.0	**Alarm panel clear:**	X		
B-3.0	**System left in service:**	X		
B-20.0	**Comments:**			

Quarterly Testing Requirements for a Wet Pipe Sprinkler System

		Y	N/A	N	
C-1.1	Main Drain flow test with valve full open: Size of Main Drain Valve: 2" inch	X			
C-2.1	Sprk. Supply gauge:			42	psi
C-2.2	Sprk. Supply gauge with main drain flow:			33	psi
C-3.1	Sprk. System gauge:			53	psi
C-3.2	Sprk. System gauge with main drain flow:			33	psi

		Y	N/A	N	
C-4.1	Water flow alarm devices activated:	X			
C-4.2	Interior Building Alarms operating:	X			
C-4.3	Exterior Alarms operating:	X			
C-5.1	Inspector's Test flow:			39	psi
C-6.1	Time to ring Alarm from Alarm Check Valve:			—	m:s
C-7.1	Time to ring Alarm from Flow Switch:			48	m:s
C-8.1	Time to ring Alarm from Pressure Switch:			—	m:s

		Y	N/A	N
C-9.1	Gauges appear operating properly:	X		
C-10.1	Did alarm Supervisory Company receive signal properly?	X		
C-10.2	Did Alarm Panel reset properly?	X		
C-11.0	**Alarm panel clear:**	X		
C-12.0	**System left in service:**	X		
C-20.0	**Comments:**			

(All "NO" answers to be fully explained.)

Inspector's Initials: JR Owner/Designated Rep. Initials: E.H. Date: 2-18-20

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

J# 66628

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/26/2020 Time: 8:00 am

Owner or Owner's Rep.: Alachua County Hazardous Waste-Bldg F Phone:

Owner's Address: 5125 NE 63rd Avenue. Gainesville,Florida 32609

Property Being Inspected: Alachua County Hazardous Waste-Bldg F Phone:

Property Address: 5125 NE 63rd Avenue. Gainesville,Florida 32609

Monitoring Entity
Name: Universal monitoring
Telephone: (352) 376-1499
Account Ref. #: C02-01-114F

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818 (Dispatch)

Service
- [ ] -Weekly
- [ ] -Monthly
- [ ] -Quarterly
- [ ] -Semi-Annually
- [x] -Annually
- [ ] -Other Specify:

Type of Transmission
- [x] -Digital
- [ ] -R.F.
- [ ] -Multiplex
- [x] -Other Specify: Fire lite MS-5012

Control Unit Manufacturer: Simplex
Model #: 4004

Last Date System Had Any Service Performed: 5/20
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: Style(s): B
Circuit Styles: No. of Circuits: 6

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	8:00 am
Monitoring Entity	☑	☐	Universal	8:00 am
Building Occupants	☑	☐	Employees	8:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/26/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 05/26/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative:

Date: 05/26/2020 Time: 10:00 am

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 2	4	Other	Bells	Y		Other
Ion Detectors	B	4	Other	Horns	Y 2		Other
Photo Detectors	B 3	4	Other	Speakers	Y		Other
Duct Detectors	B 1	4	Other	Chimes	Y		Other
Heat Detectors	B	4	Other	Strobes	Y 3		Other
Waterflow Switches	B 1	4	Other	Horn/Strobes	Y		Other
Supervisory Switches	B 2	4	Other	Other(Specify):	Y 1		Other
Pressure Switches	B	4	Other	Siren			
Low Air	B	4	Other				
Other(Specify):	B	4	Other				

No. of Notification Appliance Circuits: 1 NAC

Are Circuits Supervised? Yes ☑ No ☐

Are Circuits Synchronized? Yes ☑ No ☐

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☐ Functional: ☐ Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 v Amps 20 A

Over Current Protection: Type: Breaker Amps 20 A

Location (of Primary Supply Panel Board): Storage room/ mezzanine

Disconnecting Means Location: CKT# 11

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7 AH

Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐

Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

- Dry Cell ☐
- Nickel-Cadmium ☐
- Sealed Lead-Acid ☑
- Other(Specify): ☐

Secondary Power

Type	Visual	Functional
Battery Condition	☑	
Load Voltage		☑
Discharge Test		☑
Charger Test		☑
Specific Gravity		☐

Comments

FACP-5/20. Dialer -5/20

27.2 V. 13.5 V

5 - Minutes

25.8 V. 13.2 V

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700

Legally required standby described in NFPA 70, Article 701

Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	✓	✓	
Interface Equipment	✓	✓	
L.E.D.'s/Lamps	✓	✓	
Fuses/Microbreakers	✓	✓	
Primary Power Supply	✓	✓	
Trouble Signals	✓	✓	
Disconnect Switches	✓	✓	
Ground Fault Monitoring	✓	✓	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set			✓
Phone Jacks			✓
Off Hook Indicator			✓
Amplifier(s)			✓
Tone Generator(s)			✓
Call In Signal			✓
System Performance			✓

Comments:

Notification Appliances

Type	Visual	Functional	N/A
Audible	✓	✓	
Visible	✓	✓	
Speakers			✓
Voice Clarity			✓

Comments: Siren Warehouse

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	✓	✓	✓			
Office area	PSD	✓	✓	✓			
Conference room	PSD	✓	✓	✓			
Kitchen exit	Pull	✓	✓	✓			
Rear exit	Pull	✓	✓	✓			
Office area	D/D	✓	✓	✓			
Riser room	W/F	✓	✓	✓			
Riser room	T/S	✓	✓	✓			
Riser room	T/S	✓	✓	✓			

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Fire Lite Dialer (MS-5012)	☑	☑	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Agency	☑	☐	Universal	10:00 am
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

Comments:

Replaced out of date batteries with new. (3) 12 v 7.5 ah batteries

AHJ-Brian Greene

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/04/20 Time: 8:00 am

Owner or Owner's Rep.: Alachua County Facilities Management Phone:

Owner's Address: 915 SE 10th Avenue, Gainesville, Florida 32601

Property Being Inspected: Community Support Services / Health Phone:

Property Address: 218 SE 24th Street, Gainesville, Florida 32641

Monitoring Entity
Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: 02-01-B374

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☒ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☒ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☒ -Other Specify:

Control Unit Manufacturer: Simplex
Model #: 4020

Last Date System Had Any Service Performed: 01/19
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 1 Style(s):
Circuit Styles: 4 No. of Circuits:

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☒	☐	Management	8:00 am
Monitoring Entity	☒	☐	Universal Monitoring	8:00 am
Building Occupants	☒	☐	Employees	8:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 03/04/20 Time: 11:00 am

Name of Inspector: Caleb Prox Date: 03/04/20 Time: 11:00 am

Signature:

Name of Owner or Representative:

Date: Time:

Signature:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/22/20 Time: 1:00 pm

Owner or Owner's Rep.: Alachua County Management Phone: _____

Owner's Address: 915 SE 10th Avenue, Gainesville, Florida 32601

Property Being Inspected: Main Street Legal Building Phone: _____

Property Address: 33 North Main Street, Gainesville, Florida 32601

Monitoring Entity
Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: 02-01-1094

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: _____

Control Unit Manufacturer: Simplex
Model #: 4010

Last Date System Had Any Service Performed: 05/19
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 1 Style(s): _____
Circuit Styles: 4 No. of Circuits: _____

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	1:00 pm
Monitoring Entity	☑	☐	Universal Monitoring	1:00 pm
Building Occupants	☑	☐	Employees	1:00 pm
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/22/20 Time: 3:00 pm

Name of Inspector: Caleb Prox Date: 05/22/20 Time: 3:00 pm

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B	4 15	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B	4 19	Other	Speakers	Y	Other	
Duct Detectors	B	4 5	Other	Chimes	Y	Other	
Heat Detectors	B	4 11	Other	Strobes	Y 4	Other	
Waterflow Switches	B	4	Other	Horn/Strobes	Y 50	Other	
Supervisory Switches	B	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 6			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☐ No ☐			
				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: Main Lobby

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): Mechanical room 1st floor
Disconnecting Means Location: CKT# 16

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 26 AH
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery		Secondary Power	Visual	Functional	Comments
		Type			
Dry Cell	☐	Battery Condition	☑		FACP/02/19.
Nickel-Cadmium	☐	Load Voltage		☑	25.5 V.
Sealed Lead-Acid	☑	Discharge Test		☑	5 - Minutes
Other(Specify):	☐	Charger Test		☑	28.2 V.
		Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	☑	☑	☑	☐		
1st floor lobby	PSD	☑	☑	☑	☐		
1st floor south corridor West	PSD	☑	☑	☑	☐		
1st floor center corridor West	PSD	☑	☑	☑	☐		
1st floor North corridor West	PSD	☑	☑	☑	☐		
1st floor Center corridor East	PSD	☑	☑	☑	☐		
1st floor South corridor East	PSD	☑	☑	☑	☐		
1st floor elevator landing	PSD	☑	☑	☑	☐		
1st floor corridor closet	PSD	☑	☑	☑	☐		
1st floor elevator room	PSD	☑	☑	☑	☐		
2nd floor elevator landing	PSD	☑	☑	☑	☐		
2nd floor Phone room	PSD	☑	☑	☑	☐		
2nd floor center stairwell	PSD	☑	☑	☑	☐		
2nd floor center corridor	PSD	☑	☑	☑	☐		
3rd floor center stairwell	PSD	☑	☑	☑	☐		
3rd floor elevator landing	PSD	☑	☑	☑	☐		
3rd floor center corridor	PSD	☑	☑	☑	☐		
3rd floor west corridor	PSD	☑	☑	☑	☐		
1st floor shredding room	H/D	☑	☑	☑	☐		
1st floor supply room	H/D	☑	☑	☑	☐		
1st floor elec/mech room	H/D	☑	☑	☑	☐		
1st floor elevator room	H/D	☑	☑	☑	☐		
1st floor elec/Mech room	H/D	☑	☑	☑	☐		
2nd floor Phone room	H/D	☑	☑	☑	☐		
2nd floor conference room E	H/D	☑	☑	☑	☐		
2nd floor conference room W	H/D	☑	☑	☑	☐		
2nd floor Phone closet	H/D	☑	☑	☑	☐		
3rd floor computer room	H/D	☑	☑	☑	☐		
3rd floor elevator shaft	H/D	☑	☑	☑	☐		
1st floor mechanical room	D/D	☑	☑	☑	☐		
1st floor mech room# 1	D/D	☑	☑	☑	☐		
1st floor mech room# 1	D/D	☑	☑	☑	☐		
1st floor mech room# 1	D/D	☑	☑	☑	☐		
1st floor mech room# 1	D/D	☑	☑	☑	☐		
3rd floor west corridor	PSD	☑	☑	☑	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): 2nd floor NAC Power supply	☑	☑	☑
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Elevator Recall	☑	☑	☑
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	3:00 pm
Monitoring Agency	☑	☐	Universal Monitoring	3:00 pm
Building Occupants	☑	☐	Employees	3:00 pm
Other (Specify)	☐	☐		

Comments:

Deficiencies – The Following Did Not Operate Correctly:

Horn strobe outside office first floor did not operate

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/26/2020 Time: 10:00 am

Owner or Owner's Rep.: Alachua County Recycle Center-Bldg E Phone: _____

Owner's Address: 5121 NE 63rd Ave, Gainesville, Florida 32609

Property Being Inspected: Recovered Material Processing-Bldg E Phone: _____

Property Address: 5121 NE 63rd Ave, Gainesville, Florida 32609

Monitoring Entity
Name: Universal Monitoring
Telephone: (352) 376-1582
Account Ref. #: C02-02-1045

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818 (Dispatch)

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: _____

Control Unit Manufacturer: Silent Knight
Model #: SK-5208

Last Date System Had Any Service Performed: 03/2020
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 10

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Entity	☑	☐	Universal Monitoring	10:00 am
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/26/2020 Time: 11:30 am

Name of Inspector: Neil Pollock Date: 05/26/2020 Time: 11:30 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/26/2020 Time: 11:30 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 8	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y 15	Other	
Photo Detectors	B 1	4	Other	Speakers	Y	Other	
Duct Detectors	B 2	4	Other	Chimes	Y	Other	
Heat Detectors	B	4	Other	Strobes	Y 20	Other	
Waterflow Switches	B 1	4	Other	Horn/Strobes	Y	Other	
Supervisory Switches	B 3	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 6			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: Front lobby

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
Over Current Protection: Type: Breaker Amps 20A
Location (of Primary Supply Panel Board): Warehouse NW wall. PNL# LA
Disconnecting Means Location: CKT# 6

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 12 AH
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

Dry Cell	☐
Nickel-Cadmium	☐
Sealed Lead-Acid	☑
Other(Specify):	☐

Secondary Power

Type	Visual	Functional
Battery Condition	☑	
Load Voltage		☑
Discharge Test		☑
Charger Test		☑
Specific Gravity		☐

Comments

FACP-3/19.	P/S-3/2020
27.1 V.	27.4 V
5 - Minutes	
24.8 V.	25.8 V

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☑ Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☑	☑
System Performance	☐	☐	☑

Comments: ______________________

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: ______________________

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	☑	☑	☑	☐		
Mechanical room	D/D	☑	☑	☑	☐		
Mechanical room	D/D	☑	☑	☑	☐		
Exit by restrooms	PULL	☑	☑	☑	☐		
Exit to warehouse	PULL	☑	☑	☑	☐		
NE warehouse exit	PULL	☑	☑	☑	☐		
North Center warehouse exit	PULL	☑	☑	☑	☐		
NW warehouse exit	PULL	☑	☑	☑	☐		
SW warehouse exit	PULL	☑	☑	☑	☐		
South warehouse exit	PULL	☑	☑	☑	☐		
SE warehouse exit	PULL	☑	☑	☑	☐		
Riser room	W/F	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Outside PIV	T/S	☑	☑	☑	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
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		☐	☐	☐	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): NAC Power Supply	☑	☑	☐
(Specify): Starlink radio communicator	☑	☑	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	11:30 am
Monitoring Agency	☑	☐	Universal Monitoring	11:30 am
Building Occupants	☑	☐	Employees	11:30 am
Other (Specify)	☐	☐		

Comments:

Deficiencies – The Following Did Not Operate Correctly:

RED TAG

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Dry Pipe Fire Protection Systems

Monthly and/or Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(Weekly inspection tasks are included in this report.)

Name of property: Alachua Co. Sheriff Office Inspector: Tom Whisenant Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville Fl.

Inspection frequency: ☐ Monthly ☑ Quarterly ☐ Annual ☐ Other:

A-1.1	Air Pressure Gauge:	39	psi
A-1.2	Accelerate or Quick Opening Device Gauge:	NA	psi
A-1.3	Water Pressure Gauge:	72	psi
A-1.4	Water Supply Gauge:	67	psi

		Y	N/A	N
A-2.0	System in service on Inspection:	☑	☐	☐
A-2.1	Dry Pipe Valve appears free of damage:	☑	☐	☐
A-2.2	Trim valves in appropriate position:	☑	☐	☐
A-2.3	Alarm Test Valve closed:	☑	☐	☐
A-2.4	Intermediate chamber leak tight:	☑	☐	☐
A-3.1	Valve enclosure secured:	☑	☐	☐
A-3.2	Heater operational:	☑	☐	☐
A-3.3	Low Temperature Alarm operational:	☐	☑	☐
A-4.1	Compressor operational:	☑	☐	☐
A-4.2	Oil level full:	☐	☑	☐
A-4.3	High/low Pressure Switches operational:	☑	☐	☐
A-4.4	Auto. Air Maint. Devices operational:	☐	☑	☐
A-5.1	Control Valve locked/tamper open:	☑	☐	☐
A-5.2	Backflow valve locked/tamper open:	☑	☐	☐
A-5.3	Tamper Switches appear operational:	☑	☐	☐
A-5.4	Valve area accessible:	☑	☐	☐
A-5.6	Control valves accessible:	☑	☐	☐
A-5.7	Main Check Valve holding pressure:	☑	☐	☐
A-6.1	FDC plainly visible:	☑	☐	☐
A-6.2	FDC easily accessible:	☑	☐	☐
A-6.3	FDC swivels non-binding rotation:	☑	☐	☐
A-6.4	FDC Caps/Plugs in place:	☑	☐	☐
A-6.5	FDC Gaskets/Signs in place:	☑	☐	☐
A-6.6	FDC Check Valve drip free:	☑	☐	☐
A-6.7	FDC Ball Drip Drain drip free:	☑	☐	☐
A-7.1	Exterior Alarms properly identified:	☐	☑	☐
A-7.2	Exterior Alarms appear operational:	☐	☑	☐
A-7.3	Interior Alarms appear operational:	☑	☐	☐

		Y	N/A	N
A-8.1	Extra heads in Spare head cabinet:	☑	☐	☐
A-8.2	Heads appear to be proper temperature:	☑	☐	☐
A-8.3	Head Wrench for each type of head:	☑	☐	☐
A-8.6	Heads appears free of ice, corrosion:	☑	☐	☐
A-8.7	Heads appear free of leakage or damage:	☑	☐	☐
A-8.8	Heads appears free of paint:	☑	☐	☐
A-8.9	Heads appear free of non-approved coverings:	☑	☐	☐
A-9.0	Standard head less than 50 years:	☑	☐	☐
A-10.0	Residential head less than 20 years:	☐	☑	☐
A-11.1	Hose/Hydrant House free of damage:	☐	☑	☐
A-11.2	Hose/Hydrant House fully equipped:	☐	☑	☐
A-11.3	Hose/Hydrant House is accessible:	☐	☑	☐
A-12.1	Wet pipe areas appear properly heated: (Wet SSP on dry system?)	☐	☑	☐
A-13.1	Low point drum drips drained: (As frequently as needed)	☐	☑	☐
A-13.2	All low points drained:	☐	☑	☐
A-14.1	All valves identified with signage:	☑	☐	☐
A-14.2	Hydraulic Nameplate/schedule sign attached:	☑	☐	☐
A-18.0	**Alarm panel clear:**	☑	☐	☐
A-19.0	**System in service:**	☑	☐	☐

A-20.0 Comments:

5 year inspection red tagged

(All "NO" answers to be fully explained.)

Inspector's Initials: TW Owner/Designated Rep. Initials: EH Date: 2-28-2020

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Dry Pipe Fire Protection Systems

Quarterly and Annual Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Name of property: Alachua Co. Sheriff Office Inspector: Tom Whisenant Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville Fl.

Inspection frequency: ☐ Monthly ☑ Quarterly ☐ Annual ☐ Other:

Quarterly Testing Requirements for a Dry Pipe Sprinkler System

		Y	N/A	N
C-1.1	Quick opening devices tested during semi-annual inspections:	☐	☑	☐
C-1.2	Quick opening device test date:	☐	☑	☐
C-1.3	Priming water at proper level:	☑	☐	☐
C-2.1	Low air pressure alarm tested:	☑	☐	☐
C-3.1	Main drain flow test conducted with valve full open: Size of main drain:	☑	☐	☐
C-3.2	Sprk. Supply gauge:		67 psi	
C-3.3	Sprk. Supply gauge with main drain flow:		45 psi	

		Y	N/A	N
C-3.4	Gauges operating:	☑	☐	☐
C-4.1	Water flow alarm devices activated:	☑	☐	☐
C-4.2	Interior bldg. alarms operate:	☑	☐	☐
C-4.3	Exterior alarms operate:	☐	☑	☐
C-4.6	Did alarm supervisory company receive signal:	☑	☐	☐
C-4.7	Did alarm panel reset:	☑	☐	☐
C-18.0	**Alarm panel clear:**	☑	☐	☐
C-19.0	**System left in service:**	☑	☐	☐
C-20.0	**Comments:**			

Annual Inspection of a Dry Pipe Sprinkler System

		Y	N/A	N
D-1.1	Interior of dry pipe valve in good condition:	☐	☑	☐
D-1.2	Interior of quick opening device in good condition:	☐	☑	☐
D-1.3	Inspect interior of strainers, filters, restricted orifices every 5th year. Date:	NA		
D-1.4	Inspect interior of main check valve every 5th year. Date:	NA		
D-2.1	Visual inspection: hanger/seismic bracing appear attached and secure:	☐	☑	☐
D-3.1	Visual inspection: "exposed" piping appears in good condition:	☐	☑	☐
D-3.2	Piping appears free of mechanical damage:	☐	☑	☐
D-3.3	Piping appears free of leakage:	☐	☑	☐
D-3.4	Exterior of piping appears free of corrosion:	☐	☑	☐
D-3.6	Piping appears properly aligned:	☐	☑	☐
D-3.7	Piping appears free of external loads:	☐	☑	☐
D-4.1	Sprinklers appear free of corrosion:	☐	☑	☐
D-4.2	Sprinklers appear properly positioned:	☐	☑	☐
D-4.3	Sprinklers appear properly spaced:	☐	☑	☐
D-4.6	Sprinklers appear free of foreign material:	☐	☑	☐
D-4.7	Sprinkler spray patterns appear free of obstructions:	☐	☑	☐
D-18.0	**Alarm panel clear:**	☐	☑	☐
D-19.0	**System left in service:**	☐	☑	☐
D-20.0	**Comments:**			

(All "NO" answers to be fully explained.)

Inspector's Initials: TW Owner/Designated Rep. Initials: EH Date: 2-28-2020

GREEN TAG

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Wet Pipe Fire Protection Systems

Monthly and Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(Weekly inspection tasks are included in this report.)

Name of property: Alachua Co. Sheriff Office Inspector: Tom Whisenant Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville fl.

Inspection frequency: ☐ Monthly ☑ Quarterly ☐ Annual ☐ Other:

A-1.1	Sprinkler Supply Gauge	67 psi
A-1.2	Sprinkler System Gauge	72 psi

		Y	N/A	N
A-2.0	System in service on Inspection:	☑	☐	☐
A-2.1	Sprk. Control Valve locked/tamper open:	☑	☐	☐
A-2.2	Standpipe Control Va. locked/tamper open:	☐	☑	☐
A-2.3	Backflow Valve locked/tamper open:	☑	☐	☐
A-2.4	Anti-freeze Sys. Va. locked/tamper open:	☐	☑	☐
A-2.8	Tamper switches appear operational:	☑	☐	☐
A-3.1	Valve area accessible:	☑	☐	☐
A-3.2	Control valves accessible:	☑	☐	☐
A-4.1	Pressure Regulating Valve is open:	☐	☑	☐
A-4.2	Pressure Regulating Valve in good condition:	☐	☑	☐
A-4.1	Pressure Regulating Valve leak tight:	☐	☑	☐
A-4.4	Pressure Regulating Valve maintaining downstream pressure per design criteria:	☐	☑	☐
A-5.1	Pressure Relief Valve in closed position except when operational:	☐	☑	☐
A-5.2	Pressure Relief Valve in good condition:	☐	☑	☐
A-5.3	Pressure Relief Valve leak tight:	☐	☑	☐
A-5.4	Pressure Relief Valve maintaining upstream pressure per design criteria:	☐	☑	☐
A-6.1	Main Check Valve holding pressure:	☑	☐	☐
A-6.2	Alarm Check Valve exterior free of damage:	☐	☑	☐
A-6.3	Water flow switch operational:	☑	☐	☐
A-7.1	Trim Piping leak tight:	☐	☑	☐
A-7.2	Retard Chamber drip tight:	☐	☑	☐
A-7.3	Alarm drain drip tight when not operational:	☐	☑	☐
A-8.1	Trim valves in appropriate postion:	☐	☑	☐
A-8.2	Alarm Test line valve closed:	☐	☑	☐

		Y	N/A	N
A-9.1	FDC plainly visible:	☑	☐	☐
A-9.2	FDC easily accessible:	☑	☐	☐
A-9.5	FDC Swivels non-binding rotation:	☑	☐	☐
A-9.6	FDC Caps/Plugs in place:	☑	☐	☐
A-9.7	FDC Gaskets & Signs in place:	☑	☐	☐
A-9.10	FDC Check Valve drip free:	☑	☐	☐
A-9.11	FDC Ball Drip Drain drip free:	☑	☐	☐
A-10.1	Exterior Alarms properly identified:	☐	☑	☐
A-10.2	Exterior Alarms appear operational:	☐	☑	☐
A-10.5	Interior Alarms appear operational:	☑	☐	☐
A-11.1	Extra heads in Spare head cabinet:	☑	☐	☐
A-11.2	Heads apprear to be proper temperature:	☑	☐	☐
A-11.3	Head Wrench for each type of head:	☑	☐	☐
A-11.6	Head in Cooler appears free of ice, corrosion:	☐	☑	☐
A-11.7	Head appears free of leakage or damage:	☑	☐	☐
A-11.8	Head appears free of paint:	☑	☐	☐
A-11.9	Heads appear free of non-approved coverings	☑	☐	☐
A-12.0	Standard Head less than 50 years:	☑	☐	☐
A-13.0	Residential Head less than 20 years:	☐	☑	☐
A-14.0	Wall Hydrant plainly visible:	☐	☑	☐
A-14.1	Wall Hydrant easily accessible:	☐	☑	☐
A-14.2	Wall Hydrant Identification Plate in place:	☐	☑	☐
A-15.1	Hose/Hydrant House free of damage:	☐	☑	☐
A-15.2	Hose/Hydrant House fully equipped:	☐	☑	☐
A-15.3	Hose/Hydrant House is accessible:	☐	☑	☐
A-16.1	Wet pipe areas appear properly heated:	☑	☐	☐
A-17.0	**Alarm panel clear:**	☑	☐	☐
A-18.0	**System left in service:**	☑	☐	☐
A-20.0	**Comments:**			

(All "NO" answers to be fully explained.)

Inspector's Initials: TW Owner/Designated Rep. Initials: EH Date: 2-28-2020

GATOR FIRE EQUIPMENT COMPANY

Report of Inspection & Testing

Of Wet Pipe Fire Protection Systems

Quarterly and Annual Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Name of property: Alachua Co. Sheriff Office Inspector: Tom Whisenant Date: 2-28-2020

Address: 2621 S.E. Hawthorne Rd. Gainesville fl.

Inspection frequency: ☐ Monthly ☑ Quarterly ☐ Annual ☐ Other:

Quarterly Report of Inspection for a Wet Pipe Sprinkler System

		Y	N/A	N
B-1.1	Hydraulic Nameplate/Schedule sign attached:	☑	☐	☐
B-1.2	Strainers and Filters cleaned:	☐	☑	☐
B-1.3	Exterior Alarms properly identified:	☐	☑	☐
B-2.0	**Alarm panel clear:**	☑	☐	☐
B-3.0	**System left in service:**	☑	☐	☐

B-20.0 Comments:

Quarterly Testing Requirements for a Wet Pipe Sprinkler System

		Y	N/A	N		
C-1.1	Main Drain flow test with valve full open: Size of Main Drain Valve: 2" inch	☑	☐	☐		
C-2.1	Sprk. Supply gauge:				67	psi
C-2.2	Sprk. Supply gauge with main drain flow:				45	psi
C-3.1	Sprk. System gauge:				72	psi
C-3.2	Sprk. System gauge with main drain flow:				45	psi

		Y	N/A	N		
C-4.1	Water flow alarm devices activated:	☑	☐	☐		
C-4.2	Interior Building Alarms operating:	☑	☐	☐		
C-4.3	Exterior Alarms operating:	☐	☑	☐		
C-5.1	Inspector's Test flow:				65	psi
C-6.1	Time to ring Alarm from Alarm Check Valve:				NA	m:s
C-7.1	Time to ring Alarm from Flow Switch:				1-37/2-27	m:s
C-8.1	Time to ring Alarm from Pressure Switch:				NA	m:s

		Y	N/A	N
C-9.1	Gauges appear operating properly:	☑	☐	☐
C-10.1	Did alarm Supervisory Company receive signal properly?	☑	☐	☐
C-10.2	Did Alarm Panel reset properly?	☑	☐	☐
C-11.0	**Alarm panel clear:**	☑	☐	☐
C-12.0	**System left in service:**	☑	☐	☐

C-20.0 Comments:

(All "NO" answers to be fully explained.)

Inspector's Initials: TW Owner/Designated Rep. Initials: EH Date: 2-28-2020

Repair/Renovation Work Form

Job Name: Alachua Co. Sheriff Office **Date:** 2-28-2020
Job Address: 2621 S.E. Hawthorne Rd.
Technician Name: T. Whisenant
Contact Information: _____

Type of Technician: Alarm Hood Sprinkler Backflow
How many Technicians: 1-Tech. Sprinkler
How many Hours Each Tech: _____

Materials Needed *(include part number(s) specific to the repair(s)):

_____

_____

_____

Job Description (list each): _____

1 1/4" check valve on Dry system drain piping does not work properly In vertical Position,need to re-work piping so check valve is in horizontal position When doing a main drain flow test check valve does not Work and water backs up and spills into room

Gator Fire Equipment Company

J#66683

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/29/2020 Time: 10:30 am

Owner or Owner's Rep.: Alachua County Tax Collectors Office Phone: _____

Owner's Address: 3837 SW Windmeadows Rd Gainesville Fl 32608

Property Being Inspected: Alachua County Tax Collectors Office Phone: _____

Property Address: 3837 SW Windmeadows Rd Gainesville Fl 32608

Monitoring Entity
Name: Universal monitoring
Telephone: 352-331-9032
Account Ref. #: C02-02-1768

Approving Agency
Contact: Alachua County
Phone: 352-955-1818 (Dispatch)

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: _____

Control Unit Manufacturer: Simplex
Model #: 4010 ES

Last Date System Had Any Service Performed: 5/2020
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	10:30 am
Monitoring Entity	☑	☐	Universal	10:30 am
Building Occupants	☑	☐	Employees	10:30 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/29/2020 Time: 12:30 pm

Name of Inspector: Neil Pollock Date: 05/29/2020 Time: 12:30 pm

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 05/29/2020 Time: 12:30 pm

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 5	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B 2	4	Other	Speakers	Y	Other	
Duct Detectors	B 1	4	Other	Chimes	Y	Other	
Heat Detectors	B	4	Other	Strobes	Y 16	Other	
Waterflow Switches	B	4	Other	Horn/Strobes	Y 12	Other	
Supervisory Switches	B	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 1			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: Front lobby waiting room

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
Over Current Protection: Type: Breaker Amps 20
Location (of Primary Supply Panel Board): House panel. RP4
Disconnecting Means Location: CKT 38

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 12
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery		Secondary Power	Visual	Functional	Comments
Dry Cell	☐	Battery Condition	☑		FACP-5/20
Nickel-Cadmium	☐	Load Voltage		☑	27.5 V
Sealed Lead-Acid	☑	Discharge Test		☑	5 - Minutes
Other(Specify):	☐	Charger Test		☑	25.6 V
		Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☑ Comments: Primary power

Additional Comments:

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Interconnected panel in Riser Room to main FACP.	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	12:30 pm
Monitoring Agency	☑	☐	Universal	12:30 pm
Building Occupants	☑	☐	Employees	12:30 pm
Other (Specify)	☐	☐		

Comments:

Riser room tamper and Waterflow are interconnected to tax collectors office via panel in riser. Both facilities need to be on test proportion to physical testing.

No key on site for riser room on site at this time. Sprinkle Inspection conducted by another company.

New batteries installed on this date. (2) 12 v 7.5 ah batteries

AHJ-Ernie Benjamin

Deficiencies – The Following Did Not Operate Correctly:

GATOR FIRE EQUIPMENT COMPANY

1032 S. Main Street, Gainesville, FL 32608 352-373-1738

Report of Inspection & Testing

Pre-Engineered Fire Suppression System Report

Name of property: Wilson Building **Inspector:** Donovan Campbell

Address: 30 E University Ave **City:** Gainesville **State:** Fl **Zip:** _____

Phone: _____ **Owner/Customer:** _____

Inspection: ☐ Annual ☑ Semi-Annual ☐ Recharge ☐ Installation ☐ Renovation ☐ Other: _____

Type of System: ☐ Range Hood ☐ Paint Booth ☐ Fuel Island ☐ Clean Agent **Agent:** ☐ Wet ☐ Dry ☑ Clean Agent

Location of System in Facility: _____

Manufacturer: Pyrotechnics **Model:** H350 **Serial #:** 084029

Cylinder Size(s): 1.) 350lbs 2.) _____ 3.) _____ 4.) _____

Serial Number(s) 1.) _____ 2.) _____ 3.) _____ 4.) _____

Last Hydro Date: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Last Recharge Date: 1.) _____ 2.) _____ 3.) _____ 4.) _____

Activation ☐ Link ☐ Electric **Style:** _____ **Links (#):** 360 F - (____) 450 F - (____) 500 F - (____) Other (____) F - (____)

Fuel Shut-off Provided: ☐ Yes ☐ No **Type:** ☐ Electric ☐ Gas **# of Micro-switches / Size of Gas Valve:** _____ / _____

Manufacturer's Manual Information: (date/page/diagram) _____

Appliance Locations (left to right): Server Room

(All "NO" answers to be fully explained.)

1. Were the inspection and maintenance performed in accordance with the presently adopted editions of NFPA, including 17, 17A, 96, and 2001? ☑ Yes ☐ No

2. Was the system tagged in accordance with Rule 69A-21.303, F.A.C.? ☑ Yes ☐ No

3. Were the inspection and maintenance performed in accordance with the manufacturer's manual and the manufacturer's specifications? ☑ Yes ☐ No

DEFICIENCIES OR COMMENTS:

The Inspector/permitee certifies that the system was personally inspected and found the conditions to be as indicated on the report, as detailed above. The customer affirms the report was reviewed and was made aware of the condition of the system and any deficiencies that require attention.

Inspector's Signature: _____ Permit Number: FEP12000183 Page 1 of 1

Owner/Customer's Signature: _____ Date / Time of Inspection: 06/04/2020

Updated 2012-06-07

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 06/04/2020 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Information service Phone: _____

Owner's Address: 26 NE 1st street, Gainesville, Florida 32601

Property Being Inspected: Wilson building Phone: _____

Property Address. 26 NE 1st street, Gainesville, Florida 32601

Monitoring Entity
Name: Crime Prevention
Telephone: (352)376-1582
Account Ref. #: C02-01-1095

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818 (Dispatch)

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☑ -Other Specify: Silent Knight 5104

Control Unit Manufacturer: Simplex
Model #: 4010

Last Date System Had Any Service Performed: 1/2020
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	7:30 am
Monitoring Entity	☑	☐	Crime prevention	7:30 am
Building Occupants	☑	☐	Employees	7:30 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 06/04/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 06/04/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 06/04/2020 Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity		
Manual Pull Stations	B ____	4 15	Other ____
Ion Detectors	B ____	4 ____	Other ____
Photo Detectors	B ____	4 26	Other ____
Duct Detectors	B ____	4 6	Other ____
Heat Detectors	B ____	4 13	Other ____
Waterflow Switches	B ____	4 ____	Other ____
Supervisory Switches	B ____	4 ____	Other ____
Pressure Switches	B ____	4 ____	Other ____
Low Air	B ____	4 ____	Other ____
Other(Specify): Ansul/Halon System	B ____	4 1	Other ____

	Circuit Style/Quantity	
Bells	Y 1	Other ____
Horns	Y 58	Other ____
Speakers	Y ____	Other ____
Chimes	Y ____	Other ____
Strobes	Y 64	Other ____
Horn/Strobes	Y ____	Other ____
Other(Specify):	Y ____	Other ____

No. of Notification Appliance Circuits: 7
Are Circuits Supervised? Yes ☑ No ☐
Are Circuits Synchronized? Yes ☑ No ☐

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: East side exit.

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity	
Site Water Temp.	N/A ☑	B ____	4 ____ Other ____
Site Water Level	N/A ☑	B ____	4 ____ Other ____
Fire Pump Power	N/A ☑	B ____	4 ____ Other ____
Fire Pump Running	N/A ☑	B ____	4 ____ Other ____
Fire Pump Auto Position	N/A ☑	B ____	4 ____ Other ____
Fire Pump or Pump Control Trouble	N/A ☑	B ____	4 ____ Other ____
Generator in Auto Position	N/A ☑	B ____	4 ____ Other ____
Generator or Controller Trouble	N/A ☑	B ____	4 ____ Other ____
Generator Engine Running	N/A ☑	B ____	4 ____ Other ____
Switch Transfer	N/A ☑	B ____	4 ____ Other ____
Lock Box	N/A ☑	B ____	4 ____ Other ____
Other (Specify):	N/A ☑	B ____	4 ____ Other ____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 v Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): Mechanical room above generator.(Electrical room)
Disconnecting Means Location: PNL# EL 1 CKT# 8

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 33
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System: ____

C. Location of Fuel Storage: ____

Type of Battery

Dry Cell	☐
Nickel-Cadmium	☐
Sealed Lead-Acid	☑
Other(Specify):	☐

Secondary Power

Type	Visual	Functional
Battery Condition	☑	
Load Voltage		☑
Discharge Test		☑
Charger Test		☑
Specific Gravity		☐

Comments

FACP-11/13.	P/S# 1-05/16	P/S#2-05/15
27.6 V.	27.7 V.	27.7 V
5 - Minutes		
25.5 V.	25.2 V.	25.1 V

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
____ Emergency system described in NFPA 70, Article 700
____ Legally required standby described in NFPA 70, Article 701
____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☑ Comments: ____

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st floor lobby	Pull	☑	☑	☑	☐		
1st floor south exit	Pull	☑	☑	☑	☐		
1st floor east exit conf.room	Pull	☑	☑	☑	☐		
1st floor west exit by elev.room	Pull	☑	☑	☑	☐		
1st floor west exit by restroom	Pull	☑	☑	☑	☐		
1st floor west exit by lab	Pull	☑	☑	☑	☐		
1st floor east exit by ANN	Pull	☑	☑	☑	☐		
1st floor east lobby	Pull	☑	☑	☑	☐		
1st floor north storage	Pull	☑	☑	☑	☐		
1st floor computer room	Pull	☑	☑	☑	☐		
2nd floor SE stairs	Pull	☑	☑	☑	☐		
2nd floor east corridor	Pull	☑	☑	☑	☐		
2nd floor SW stairs	Pull	☑	☑	☑	☐		
2nd floor east stairs	Pull	☑	☑	☑	☐		
2nd floor NW stairs	Pull	☑	☑	☑	☐		
1st floor lobby	PSD	☑	☑	☑	☐		
1st floor office	PSD	☑	☑	☑	☐		
1st floor south corridor	PSD	☑	☑	☑	☐		
1st floor east corridor	PSD	☑	☑	☑	☐		
1st floor elevator lobby	PSD	☑	☑	☑	☐		
1st fl elevator mechanical room	PSD	☑	☑	☑	☐		
Above FACP	PSD	☑	☑	☑	☐		
1st fl Comp. room AC	PSD	☑	☑	☑	☐		
1st floor Comp. room storage	PSD	☑	☑	☑	☐		
1st floor storage	PSD	☑	☑	☑	☐		
1st fl comp. room ceiling#1	PSD	☑	☑	☑	☐		
1st fl comp. room ceiling#2	PSD	☑	☑	☑	☐		
1st fl comp. room ceiling#3	PSD	☑	☑	☑	☐		
1st fl comp. room ceiling#4	PSD	☑	☑	☑	☐		
1st fl comp. room ceiling#5	PSD	☑	☑	☑	☐		
1st fl comp. room ceiling#6	PSD	☑	☑	☑	☐		
1st fl comp. room subfloor#1	PSD	☑	☑	☑	☐		
1st fl comp. room subfloor#2	PSD	☑	☑	☑	☐		
1st fl comp. room subfloor#3	PSD	☑	☑	☑	☐		
1st fl comp room subfloor#4	PSD	☑	☑	☑	☐		
1st fl comp. room subfloor#5	PSD	☑	☑	☑	☐		

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st fl comp. room subfloor#6	PSD	☑	☑	☑	☐		
2nd fl mechanical room	PSD	☑	☑	☑	☐		
2nd fl elevator lobby	PSD	☑	☑	☑	☐		
2nd fl electrical room	PSD	☑	☑	☑	☐		
1st floor kitchen	H/D	☑	☑	☑	☐		
1st floor elev mechanical room	H/D	☑	☑	☑	☐		
1st fl elev mechanical room vest	H/D	☑	☑	☑	☐		
1st floor lab	H/D	☑	☑	☑	☐		
1st floor fuel tank west	H/D	☑	☑	☑	☐		
1st floor fuel tank east	H/D	☑	☑	☑	☐		
Elevator pit	H/D	☑	☑	☑	☐		
Mezz AHU room	H/D	☑	☐	☐	☐		
2nd floor storage	H/D	☑	☑	☑	☐		
2nd floor elev shaft	H/D	☑	☑	☑	☐		
2nd floor electrical room	H/D	☑	☐	☐	☐		
2nd floor kitchen	H/D	☑	☑	☑	☐		
2nd floor mechanical room	H/D	☑	☑	☑	☐		
2nd floor south mechanical room	PDD	☑	☑	☑	☐		
2nd floor south mechanical room	PDD	☑	☑	☑	☐		
2nd fl north mechanical room	PDD	☑	☑	☑	☐		
2nd fl north mechanical room	PDD	☑	☑	☑	☐		
Mezz. AHU room	PDD	☑	☑	☑	☐		
1st floor office	PDD	☑	☑	☑	☐		
Metz. Inverter room	PSD	☑	☑	☑	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
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		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Power supply# 1 Simplex (4009)	☑	☑	☑
(Specify): Power supply# 2 Simplex (4009)	☑	☑	☑
(Specify): Silent Knight (5104)	☑	☑	☑
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Ansul/Halon System.	☑	☑	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures: _____

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Agency	☑	☐	Universal	10:00 am
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

Comments:

Recommend battery change. Out of date. 11/13. (2) 12 V 33 ah batteries. (4) 12 V 12 ah batteries. (2) 12 V 7.5 ah batteries for suppression system panel.
(1) 12 v 5 ah batteries

Suppression system panel not tied into main FACP.

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/25/20 Time: 9:00 am

Owner or Owner's Rep.: Alachua County-Property Appraiser Phone:

Owner's Address: 515 North Main Street Gainesville Fl 32601

Property Being Inspected: Alachua County-Property Appraiser Phone:

Property Address: 515 North Main Street Gainesville Fl 32601

Monitoring Entity
Name: Universal monitoring
Telephone: 352-331-9032
Account Ref. #: 02-02-1678

Approving Agency
Contact: City of Gainesville
Phone: 352-955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify:

Control Unit Manufacturer: EST
Model #:

Last Date System Had Any Service Performed: 1/19
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: Style(s): B
Circuit Styles: No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	9:00 am
Monitoring Entity	☑	☐	Universal	9:00 am
Building Occupants	☑	☐	Employees	9:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 03/25/20 Time: 2:00 pm

Name of Inspector: Caleb Prox Date: 03/25/20 Time: 2:00 pm

Signature:

Name of Owner or Representative:

Date: 03/25/20 Time: 2:00 pm

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 8	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B 5	4	Other	Speakers	Y 10	Other	
Duct Detectors	B 4	4	Other	Chimes	Y	Other	
Heat Detectors	B 2	4	Other	Strobes	Y	Other	
Waterflow Switches	B 5	4	Other	Horn/Strobes	Y 74	Other	
Supervisory Switches	B 11	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 8			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: Front entrance

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☐	B 1	4	Other
Fire Pump Running	N/A ☐	B 1	4	Other
Fire Pump Auto Position	N/A ☐	B 1	4	Other
Fire Pump or Pump Control Trouble	N/A ☐	B 1	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
Over Current Protection: Type: Breaker Amps 20
Location (of Primary Supply Panel Board): 1st floor House Panel-ISL
Disconnecting Means Location: CKT 14

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 18--7.5--7.5
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery

Dry Cell	☐
Nickel-Cadmium	☐
Sealed Lead-Acid	☑
Other(Specify):	☐

Secondary Power

Type	Visual	Functional
Battery Condition	☑	
Load Voltage		☑
Discharge Test		☑
Charger Test		☑
Specific Gravity		☐

Comments

FACP-6/15.	P/S-1/15.	Evac-1/19
27.4.	27.3.	27.3
5 - Minutes		
25.1.	25.4.	25.1

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☑ Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional
Control Unit	☑	☑
Interface Equipment	☑	☑
L.E.D.'s/Lamps	☑	☑
Fuses/Microbreakers	☑	☑
Primary Power Supply	☑	☑
Trouble Signals	☑	☑
Disconnect Switches	☑	☑
Ground Fault Monitoring	☑	☑

Comments

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☑	☑	☐
Voice Clarity	☑	☑	☐

Comments: Speaker/Strobes appear to only be on first floor.

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	☑	☑	☑	☐		
1st fl elevator landing	PSD	☑	☑	☑	☐		
2nd fl elevator landing	PSD	☑	☑	☑	☐		
3rd fl elevator landing	PSD	☑	☑	☑	☐		
Elevator equipment room	PSD	☑	☑	☑	☐		
Elevator equipment room	H/D	☑	☑	☑	☐		
1st fl equipment storage	H/D	☑	☑	☑	☐		
Front entrance east	Pull	☑	☑	☑	☐		
Front entrance west	Pull	☑	☑	☑	☐		
1st fl east exit	Pull	☑	☑	☑	☐		
1st fl SE exit	Pull	☑	☑	☑	☐		
1st fl SW exit	Pull	☑	☑	☑	☐		
1st fl NE exit	Pull	☑	☑	☑	☐		
1st fl NW exit	Pull	☑	☑	☑	☐		
1st fl west exit	Pull	☑	☑	☑	☐		
1st fl west exit	Pull	☑	☑	☑	☐		
Basement AHU return	D/D	☑	☑	☑	☐		
Basement AHU supply	D/D	☑	☑	☑	☐		
1st fl records room AHU supply	D/D	☑	☑	☑	☐		
1st fl records room AHU return	D/D	☑	☑	☑	☐		
1st fl east stairwell	T/S	☑	☑	☑	☐		
1st fl east stairwell	W/F	☑	☑	☑	☐		
2nd fl east stairwell	T/S	☑	☑	☑	☐		
2nd fl east stairwell	W/F	☑	☑	☑	☐		
3rd fl east stairwell	T/S	☑	☑	☑	☐		
3rd fl east stairwell	W/F	☑	☑	☑	☐		
Backflow inlet	T/S	☑	☑	☑	☐		
Backflow outlet	T/S	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Riser room	T/S	☑	☑	☑	☐		
Riser room	W/F	☑	☑	☑	☐		
Riser room	W/F	☑	☑	☑	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): NAC power supply	☑	☑	☐
(Specify): Voice Evac	☑	☑	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	2:00 pm
Monitoring Agency	☑	☐	Universal	2:00 pm
Building Occupants	☑	☐	Employees	2:00 pm
Other (Specify)	☐	☐		

Comments:

All pullstation and voice evac speaker/strobes appear to only be on first floor.

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 10/21/2019 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Jail Phone: 352-491-4444

Owner's Address: 3333 NE 39th Ave Gainesville Fl 32609

Property Being Inspected: Alachua County Jail Phone: 352-491-4444

Property Address: 3333 NE 39th Ave Gainesville Fl 32609

Monitoring Entity
Name: LOCAL SYSTEM
Telephone:
Account Ref. #:

Approving Agency
Contact: City of Gainesville
Phone: 352-955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☒ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☒ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: EST
Model #: EST-3

Last Date System Had Any Service Performed: 8/19
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 9 Style(s):
Circuit Styles: 4 No. of Circuits:

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☐	☐		LOCAL SYSTEM
Alarm Restoration	☐	☐		
Trouble Signal	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☒	☐	Management	4:30 pm
Monitoring Entity	☐	☐		LOCAL SYSTEM
Building Occupants	☒	☐	Employees	4:30 pm
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 10/21/2019 Time: 4:30 pm

Name of Inspector: Neil Pollock Date: 10/21/2019 Time: 4:30 pm

Signature: Neil Pollock

Name of Owner or Representative:

Date: 10/21/2019 Time: 4:30 pm

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 88	4	Other	Bells	Y 2	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B 591	4	Other	Speakers	Y	Other	
Duct Detectors	B 160	4	Other	Chimes	Y	Other	
Heat Detectors	B 6	4	Other	Strobes	Y 16	Other	
Waterflow Switches	B 12	4	Other	Horn/Strobes	Y 192	Other	
Supervisory Switches	B 12	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B 1	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 36			
Other(Specify):	B 1	4	Other	Are Circuits Supervised? Yes ☒ No ☐			
Kitchen ansul				Are Circuits Synchronized? Yes ☐ No ☒			

Alarm Verification Feature is Disabled ☒ Enabled ☐

Remote Annunciators: Visual: ☒ Functional: ☐ Comments: iPod and Maintenance shop

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☒	B	4	Other
Site Water Level	N/A ☒	B	4	Other
Fire Pump Power	N/A ☒	B	4	Other
Fire Pump Running	N/A ☒	B	4	Other
Fire Pump Auto Position	N/A ☒	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☒	B	4	Other
Generator in Auto Position	N/A ☒	B	4	Other
Generator or Controller Trouble	N/A ☒	B	4	Other
Generator Engine Running	N/A ☒	B	4	Other
Switch Transfer	N/A ☒	B	4	Other
Lock Box	N/A ☒	B	4	Other
Other (Specify):	N/A ☒	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
Over Current Protection: Type: Breaker Amps 20
Location (of Primary Supply Panel Board): Outside mech room Ipod. Panel 9
Disconnecting Means Location: House panel
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 55
Calculated capacity to operate system, in hours: 24 ☒ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:
C. Location of Fuel Storage:

Type of Battery		Secondary Power	Visual	Functional	Comments
Dry Cell	☐	Battery Condition	☒		FACP-10/17.
Nickel-Cadmium	☐	Load Voltage		☒	27.6 V
Sealed Lead-Acid	☒	Discharge Test		☒	5 - Minutes
Other(Specify):	☐	Charger Test		☒	25.4 V
		Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☒ Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☒	☒	Voice Evac Capability.
Interface Equipment	☒	☒	
L.E.D.'s/Lamps	☒	☒	
Fuses/Microbreakers	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground Fault Monitoring	☒	☒	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☒	☒	☐
Phone Jacks	☒	☒	☐
Off Hook Indicator	☐	☐	☒
Amplifier(s)	☐	☐	☒
Tone Generator(s)	☐	☐	☒
Call In Signal	☐	☐	☒
System Performance	☐	☐	☒

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☒	☒	☐
Visible	☒	☒	☐
Speakers	☐	☐	☒
Voice Clarity	☐	☐	☒

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 2B	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 2B/3	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 3B	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 4B	Pull	☒	☒	☒	☐		
Unit C Corridor by Pod 1C	Pull	☒	☒	☒	☐		
Unit B Corridor by Pod 4B	PSD	☒	☒	☒	☐		
Unit C Corridor by Pod 2C	PSD	☒	☒	☒	☐		
Unit C Corridor by Pod 3C	PSD	☒	☒	☒	☐		
Unit C Corridor by Pod 3C	PSD	☒	☒	☒	☐		
Unit C Corridor by MultiPurp	PSD	☒	☒	☒	☐		
Unit C Corridor by Triage	PSD	☒	☒	☒	☐		
Unit C Corridor by Commisa	PSD	☒	☒	☒	☐		
Unit C Corridor by Commisa	PSD	☒	☒	☒	☐		
Unit C by Triage	PSD	☒	☒	☒	☐		
Unit C by Triage	PSD	☒	☒	☒	☐		
Unit C by Attorney Visitation	PSD	☒	☒	☒	☐		
Unit B Corridor by stairs	PSD	☒	☒	☒	☐		
Unit D by Corridor 1D North	PSD	☒	☒	☒	☐		
Unit D Corridor by 1D	PSD	☒	☒	☒	☐		
Unit D Corridor by 1D North	PSD	☒	☒	☒	☐		
Unit D Corridor by 2D	PSD	☒	☒	☒	☐		
Unit D by Vending	PSD	☒	☒	☒	☐		
Unit D Corridor by Suicide P	PSD	☒	☒	☒	☐		
Unit D Sallyport Entry	PSD	☒	☒	☒	☐		
Unit D by South Entry	PSD	☒	☒	☒	☐		
Unit E NW Corridor 1k08z1	PSD	☒	☒	☒	☐		
Unit E NW Corridor 1k08z1	PSD	☒	☒	☒	☐		
Unit E Corridor by Pod 5E	Pull	☒	☒	☒	☐		
Unit E Corridor by Pod 4E	Pull	☒	☒	☒	☐		
Unit E by Pod 4E	PSD	☒	☒	☒	☐		
Unit D by Counselor	PSD	☒	☒	☒	☐		
Unit D by South Entry	Pull	☒	☒	☒	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): (8) Network panels	☒	☒	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Kitchen ansul	☒	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures: _____

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☒	☐	Management	4:30 pm
Monitoring Agency	☐	☐	LOCAL SYSTEM	
Building Occupants	☒	☐	Employees	4:30 pm
Other (Specify)	☐	☐		

Comments:

Duct Detector LED switches would be valuable if upgraded to key switch testing, physical testing of D/D's can be extreme
Troubleshooting of smoke evac fans required. Possible programming issues.

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/17/2020 Time: 09:00 am

Owner or Owner's Rep.: Alachua County Work Release POD# 2 Phone:

Owner's Address: 3375 NE 39th Avenue, Gainesville, Florida 32609

Property Being Inspected: Alachua County Work Release POD# 2 Phone:

Property Address: 3375 NE 39th Avenue, Gainesville, Florida 32609

Monitoring Entity
Name: LOCAL SYSTEM
Telephone:
Account Ref. #:

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☐ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☐ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: Simplex
Model #: 4006

Last Date System Had Any Service Performed: 03/19
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: Style(s): B
Circuit Styles: No. of Circuits: 4

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☐	☒		LOCAL SYSTEM
Alarm Restoration	☐	☒		
Trouble Signal	☐	☒		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☒	☐	Management	09:00 am
Monitoring Entity	☐	☐		
Building Occupants	☒	☐	Residents	09:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 03/17/2020 Time: 10:00 am

Name of Inspector: Caleb Prox Date: 03/17/2020 Time: 10:00 am

Signature:

Name of Owner or Representative:

Date: 03/17/2020 Time: 10:00 am

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 3	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y 6	Other	
Photo Detectors	B 8	4	Other	Speakers	Y	Other	
Duct Detectors	B	4	Other	Chimes	Y	Other	
Heat Detectors	B 1	4	Other	Strobes	Y 7	Other	
Waterflow Switches	B	4	Other	Horn/Strobes	Y	Other	
Supervisory Switches	B	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other				
Other(Specify):	B	4	Other				

No. of Notification Appliance Circuits: 1
Are Circuits Supervised? Yes ☒ No ☐
Are Circuits Synchronized? Yes ☐ No ☒

Alarm Verification Feature is Disabled ☐ Enabled ☐

Remote Annunciators: Visual: ☐ Functional: ☐ Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☒	B	4	Other
Site Water Level	N/A ☒	B	4	Other
Fire Pump Power	N/A ☒	B	4	Other
Fire Pump Running	N/A ☒	B	4	Other
Fire Pump Auto Position	N/A ☒	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☒	B	4	Other
Generator in Auto Position	N/A ☒	B	4	Other
Generator or Controller Trouble	N/A ☒	B	4	Other
Generator Engine Running	N/A ☒	B	4	Other
Switch Transfer	N/A ☒	B	4	Other
Lock Box	N/A ☒	B	4	Other
Other (Specify):	N/A ☒	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): Laundry Panel# DP
Disconnecting Means Location: CKT# 28
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7 AH
Calculated capacity to operate system, in hours: 24 ☐ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:
C. Location of Fuel Storage:

Type of Battery

Dry Cell ☐
Nickel-Cadmium ☐
Sealed Lead-Acid ☒
Other(Specify): ☐

Secondary Power

Type	Visual	Functional
Battery Condition	☒	
Load Voltage		☒
Discharge Test		☒
Charger Test		☒
Specific Gravity		☐

Comments

FACP-10/17.
27.4 V
5 - Minutes
25.4 V

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☐	☐	
L.E.D.'s/Lamps	☒	☒	
Fuses/Microbreakers	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground Fault Monitoring	☒	☒	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☒
Phone Jacks	☐	☐	☒
Off Hook Indicator	☐	☐	☒
Amplifier(s)	☐	☐	☒
Tone Generator(s)	☐	☐	☒
Call In Signal	☐	☐	☒
System Performance	☐	☐	☒

Comments: ____________________

Notification Appliances

Type	Visual	Functional	N/A
Audible	☒	☒	☐
Visible	☒	☒	☐
Speakers	☐	☐	☒
Voice Clarity	☐	☐	☒

Comments: ____________________

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Reception area	PSD	☒	☒	☒	☐		
North center door	PSD	☒	☒	☒	☐		
West TV room	PSD	☒	☒	☒	☐		
East TV room	PSD	☒	☒	☒	☐		
East dorm# 1	PSD	☒	☒	☒	☐		
East dorm# 2	PSD	☒	☒	☒	☐		
West dorm# 1	PSD	☒	☒	☒	☐		
West dorm# 2	PSD	☒	☒	☒	☐		
North center exit	PULL	☒	☒	☒	☐		
East dorm exit	PULL	☒	☒	☒	☐		
West dorm exit	PULL	☒	☒	☒	☐		
Laundry room	H/D	☒	☒	☒	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
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		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☒	☐	Management	10:00 am
Monitoring Agency	☐	☐		
Building Occupants	☒	☐	Residents	10:00 am
Other (Specify)	☐	☐		

Comments:

Recommend (2) new 12/7 batteries

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 06/21/2019 Time: 9:00 am

Owner or Owner's Rep.: Alachua County Management Phone: _____

Owner's Address: 915 SE 10th Avenue, Gainesville, Florida 32601

Property Being Inspected: Consolidated Communication Center (CCC) Phone: _____

Property Address: 1100 SE 27th street, Gainesville, Florida 32641

Monitoring Entity
Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: C02-02-1503

Approving Agency
Contact: Alachua County
Phone: 352-955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☒ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☒ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☒ -Other Specify: Dialer (5104)

Control Unit Manufacturer: Notifier
Model #: 320

Last Date System Had Any Service Performed: 12/18
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 1 Style(s): _____
Circuit Styles: 4 No. of Circuits: _____

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☒	☐		
Alarm Restoration	☒	☐		
Trouble Signal	☒	☐		
Supervisory Signal	☒	☐		
Supervisory Restoration	☒	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☒	☐	Management	7:30 am
Monitoring Entity	☒	☐	Universal Monitoring	7:30 am
Building Occupants	☒	☐	Employees	7:30 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 06/21/2019 Time: 11:00 am

Name of Inspector: Neil Pollock Date: 06/21/2019 Time: 11:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 06/21/2019 Time: 11:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B ____	4 5	Other ____	Bells	Y ____	Other ____	
Ion Detectors	B ____	4 ____	Other ____	Horns	Y ____	Other ____	
Photo Detectors	B ____	4 2	Other ____	Speakers	Y ____	Other ____	
Duct Detectors	B ____	4 6	Other ____	Chimes	Y ____	Other ____	
Heat Detectors	B ____	4 ____	Other ____	Strobes	Y 21	Other ____	
Waterflow Switches	B ____	4 2	Other ____	Horn/Strobes	Y 27	Other ____	
Supervisory Switches	B ____	4 4	Other ____	Other(Specify):	Y ____	Other ____	
Pressure Switches	B ____	4 ____	Other ____				
Low Air	B ____	4 ____	Other ____	No. of Notification Appliance Circuits: 6			
Other(Specify):	B ____	4 ____	Other ____	Are Circuits Supervised? Yes ☒ No ☐			
				Are Circuits Synchronized? Yes ☐ No ☒			

Alarm Verification Feature is Disabled ☒ Enabled ☐

Remote Annunciators: Visual: ☒ Functional: ☒ Comments: In call center

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☒	B ____	4 ____	Other ____
Site Water Level	N/A ☒	B ____	4 ____	Other ____
Fire Pump Power	N/A ☒	B ____	4 ____	Other ____
Fire Pump Running	N/A ☒	B ____	4 ____	Other ____
Fire Pump Auto Position	N/A ☒	B ____	4 ____	Other ____
Fire Pump or Pump Control Trouble	N/A ☒	B ____	4 ____	Other ____
Generator in Auto Position	N/A ☒	B ____	4 ____	Other ____
Generator or Controller Trouble	N/A ☒	B ____	4 ____	Other ____
Generator Engine Running	N/A ☒	B ____	4 ____	Other ____
Switch Transfer	N/A ☒	B ____	4 ____	Other ____
Lock Box	N/A ☒	B ____	4 ____	Other ____
Other (Specify):	N/A ☒	B ____	4 ____	Other ____

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): Electrical room Panel# L-3
Disconnecting Means Location: CKT# 12
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 17 AH
Calculated capacity to operate system, in hours: 24 ☒ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System: ____
C. Location of Fuel Storage: ____

Type of Battery		Secondary Power	Type	Visual	Functional	Comments	
Dry Cell	☐	Battery Condition		☒		FACP/07/17.	Power supply-12/14
Nickel-Cadmium	☐	Load Voltage			☒	27.6 V.	27.3 V
Sealed Lead-Acid	☒	Discharge Test			☒	5 - Minutes	
Other(Specify):	☐	Charger Test			☒	25.5 V.	25.4 V
____		Specific Gravity			☐		

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
____ Emergency system described in NFPA 70, Article 700
____ Legally required standby described in NFPA 70, Article 701
____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☒ Comments: Main power.

Additional Comments:

____

____

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☒	☒	
L.E.D.'s/Lamps	☒	☒	
Fuses/Microbreakers	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground Fault Monitoring	☒	☒	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☒
Phone Jacks	☐	☐	☒
Off Hook Indicator	☐	☐	☒
Amplifier(s)	☐	☐	☒
Tone Generator(s)	☐	☐	☒
Call In Signal	☐	☐	☒
System Performance	☐	☐	☒

Comments: ______________________________

Notification Appliances

Type	Visual	Functional	N/A
Audible	☒	☒	☐
Visible	☒	☒	☐
Speakers	☐	☐	☒
Voice Clarity	☐	☐	☒

Comments: ______________________________

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	☒	☒	☒	☐		
Front foyer	PSD	☒	☒	☒	☐		
M10 Corridor# 4 F exit	PULL	☒	☒	☒	☐		
M11 Corridor# 4 D exit	PULL	☒	☒	☒	☐		
M12 Corridor# 4 C exit	PULL	☒	☒	☒	☐		
M13 Corridor# 4 B exit	PULL	☒	☒	☒	☐		
M14 Front foyer exit	PULL	☒	☒	☒	☐		
Mechanical rm AHU# 1 S	D/D	☒	☒	☒	☐		
Mechanical rm AHU# 1 R	D/D	☒	☒	☒	☐		
Mechanical rm AHU# 2 S	D/D	☒	☒	☒	☐		
Mechanical rm AHU# 2 R	D/D	☒	☒	☒	☐		
Mechanical rm AHU# 3 S	D/D	☒	☒	☒	☐		
Mechanical rm AHU# 3 R	D/D	☒	☒	☒	☐		
Riser room	W/F	☒	☒	☒	☐		
Riser room	W/F	☒	☒	☒	☐		
Riser room	T/S	☒	☒	☒	☐		
Riser room	T/S	☒	☒	☒	☐		
Riser room	T/S	☒	☒	☒	☐		
Riser room	T/S	☒	☒	☒	☐		
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		☐	☐	☐	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): NAC Power supply	☒	☒	☒
(Specify): Dialer (5104)	☒	☒	☒
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures: _____

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☒	☐	Management	11:00 am
Monitoring Agency	☒	☐	Universal Monitoring	11:00 am
Building Occupants	☒	☐	Employees	11:00 am
Other (Specify)	☐	☐		

Comments:

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 10/21/2019 Time: 7:30 am

Owner or Owner's Rep.: Alachua County Jail Phone: 352-491-4444

Owner's Address: 3333 NE 39th Ave Gainesville Fl 32609

Property Being Inspected: Alachua County Jail Phone: 352-491-4444

Property Address: 3333 NE 39th Ave Gainesville Fl 32609

Monitoring Entity
Name: LOCAL SYSTEM
Telephone:
Account Ref. #:

Approving Agency
Contact: City of Gainesville
Phone: 352-955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☒ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☒ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☐ -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: EST
Model #: EST-3

Last Date System Had Any Service Performed: 8/19
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: 9 Style(s):
Circuit Styles: 4 No. of Circuits:

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☐	☐		LOCAL SYSTEM
Alarm Restoration	☐	☐		
Trouble Signal	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☒	☐	Management	4:30 pm
Monitoring Entity	☐	☐		LOCAL SYSTEM
Building Occupants	☒	☐	Employees	4:30 pm
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 10/21/2019 Time: 4:30 pm

Name of Inspector: Neil Pollock Date: 10/21/2019 Time: 4:30 pm

Signature: Neil Pollock

Name of Owner or Representative:

Date: 10/21/2019 Time: 4:30 pm

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 88	4	Other	Bells	Y 2	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B 591	4	Other	Speakers	Y	Other	
Duct Detectors	B 160	4	Other	Chimes	Y	Other	
Heat Detectors	B 6	4	Other	Strobes	Y 16	Other	
Waterflow Switches	B 12	4	Other	Horn/Strobes	Y 192	Other	
Supervisory Switches	B 12	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B 1	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 36			
Other(Specify):	B 1	4	Other	Are Circuits Supervised? Yes ☒ No ☐			
Kitchen ansul				Are Circuits Synchronized? Yes ☐ No ☒			

Alarm Verification Feature is Disabled ☒ Enabled ☐

Remote Annunciators: Visual: ☒ Functional: ☐ Comments: iPod and Maintenance shop

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☒	B	4	Other
Site Water Level	N/A ☒	B	4	Other
Fire Pump Power	N/A ☒	B	4	Other
Fire Pump Running	N/A ☒	B	4	Other
Fire Pump Auto Position	N/A ☒	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☒	B	4	Other
Generator in Auto Position	N/A ☒	B	4	Other
Generator or Controller Trouble	N/A ☒	B	4	Other
Generator Engine Running	N/A ☒	B	4	Other
Switch Transfer	N/A ☒	B	4	Other
Lock Box	N/A ☒	B	4	Other
Other (Specify):	N/A ☒	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
Over Current Protection: Type: Breaker Amps 20
Location (of Primary Supply Panel Board): Outside mech room Ipod. Panel 9
Disconnecting Means Location: House panel
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 55
Calculated capacity to operate system, in hours: 24 ☒ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:
C. Location of Fuel Storage:

Type of Battery		Secondary Power	Visual	Functional	Comments
Dry Cell	☐	Battery Condition	☒		FACP-10/17.
Nickel-Cadmium	☐	Load Voltage		☒	27.6 V
Sealed Lead-Acid	☒	Discharge Test		☒	5 - Minutes
Other(Specify):	☐	Charger Test		☒	25.4 V
		Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☒ Comments: Primary power

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☒	☒	Voice Evac Capability.
Interface Equipment	☒	☒	
L.E.D.'s/Lamps	☒	☒	
Fuses/Microbreakers	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground Fault Monitoring	☒	☒	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☒	☒	☐
Phone Jacks	☒	☒	☐
Off Hook Indicator	☐	☐	☒
Amplifier(s)	☐	☐	☒
Tone Generator(s)	☐	☐	☒
Call In Signal	☐	☐	☒
System Performance	☐	☐	☒

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☒	☒	☐
Visible	☒	☒	☐
Speakers	☐	☐	☒
Voice Clarity	☐	☐	☒

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit D 3D Plumbing Chase	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 2B	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 2B/3	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 3B	PSD	☒	☒	☒	☐		
Unit B Corridor by Pod 4B	Pull	☒	☒	☒	☐		
Unit C Corridor by Pod 1C	Pull	☒	☒	☒	☐		
Unit B Corridor by Pod 4B	PSD	☒	☒	☒	☐		
Unit C Corridor by Pod 2C	PSD	☒	☒	☒	☐		
Unit C Corridor by Pod 3C	PSD	☒	☒	☒	☐		
Unit C Corridor by Pod 3C	PSD	☒	☒	☒	☐		
Unit C Corridor by MultiPurp	PSD	☒	☒	☒	☐		
Unit C Corridor by Triage	PSD	☒	☒	☒	☐		
Unit C Corridor by Commisa	PSD	☒	☒	☒	☐		
Unit C Corridor by Commisa	PSD	☒	☒	☒	☐		
Unit C by Triage	PSD	☒	☒	☒	☐		
Unit C by Triage	PSD	☒	☒	☒	☐		
Unit C by Attorney Visitation	PSD	☒	☒	☒	☐		
Unit B Corridor by stairs	PSD	☒	☒	☒	☐		
Unit D by Corridor 1D North	PSD	☒	☒	☒	☐		
Unit D Corridor by 1D	PSD	☒	☒	☒	☐		
Unit D Corridor by 1D North	PSD	☒	☒	☒	☐		
Unit D Corridor by 2D	PSD	☒	☒	☒	☐		
Unit D by Vending	PSD	☒	☒	☒	☐		
Unit D Corridor by Suicide P	PSD	☒	☒	☒	☐		
Unit D Sallyport Entry	PSD	☒	☒	☒	☐		
Unit D by South Entry	PSD	☒	☒	☒	☐		
Unit E NW Corridor 1k08z1	PSD	☒	☒	☒	☐		
Unit E NW Corridor 1k08z1	PSD	☒	☒	☒	☐		
Unit E Corridor by Pod 5E	Pull	☒	☒	☒	☐		
Unit E Corridor by Pod 4E	Pull	☒	☒	☒	☐		
Unit E by Pod 4E	PSD	☒	☒	☒	☐		
Unit D by Counselor	PSD	☒	☒	☒	☐		
Unit D by South Entry	Pull	☒	☒	☒	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): (8) Network panels	☒	☒	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Kitchen ansul	☒	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures: _____

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☒	☐	Management	4:30 pm
Monitoring Agency	☐	☐	LOCAL SYSTEM	
Building Occupants	☒	☐	Employees	4:30 pm
Other (Specify)	☐	☐		

Comments:

Duct Detector LED switches would be valuable if upgraded to key switch testing, physical testing of D/D's can be extreme
Troubleshooting of smoke evac fans required. Possible programming issues.

Deficiencies – The Following Did Not Operate Correctly:

Gator Fire Equipment Company #J 66682

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 05/29/2020 Time: 7:30 am

Owner or Owner's Rep.: States Attorney Office Phone:

Owner's Address: 120 West University Avenue, Gainesville, Florida 32601

Property Being Inspected: States Attorney Office Phone:

Property Address: 120 West University Avenue, Gainesville, Florida 32601

Monitoring Entity
Name: Universal Monitoring
Telephone: (352) 331-9032
Account Ref. #: C02-01-1100

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818 (Dispatch)

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☑ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☑ -Other Specify: Dialer (411 UDAC)

Control Unit Manufacturer: Siemens
Model #: Fire Finder XLS

Last Date System Had Any Service Performed: 6/19
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: Style(s): B
Circuit Styles: No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☑	☐		
Alarm Restoration	☑	☐		
Trouble Signal	☑	☐		
Supervisory Signal	☑	☐		
Supervisory Restoration	☑	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	7:30 am
Monitoring Entity	☑	☐	Universal Monitoring	7:30 am
Building Occupants	☑	☐	Employees	7:30 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 05/29/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 05/29/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative:

Date: 05/29/2020 Time: 10:00 am

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 10	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B 30	4	Other	Speakers	Y	Other	
Duct Detectors	B 1	4	Other	Chimes	Y	Other	
Heat Detectors	B 10	4	Other	Strobes	Y 1	Other	
Waterflow Switches	B	4	Other	Horn/Strobes	Y 35	Other	
Supervisory Switches	B	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 6			
Other(Specify):	B	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☑ Functional: ☑ Comments: Front reception.

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): PNL# E-M
Disconnecting Means Location: CKT# 10

B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 34 AH
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:

C. Location of Fuel Storage:

Type of Battery		Secondary Power	Visual	Functional	Comments	
		Type				
Dry Cell	☐	Battery Condition	☑		FACP-11/15.	Dialer 6/16
Nickel-Cadmium	☐	Load Voltage		☑	25.3 V.	13.4 V
Sealed Lead-Acid	☑	Discharge Test		☑	5 - Minutes	
Other(Specify):	☐	Charger Test		☑	23.6 V.	13.1 V
		Specific Gravity		☐		

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☑	☑	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Moni oring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: _____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	☑	☑	☑	☐		
1st floor storage rm 143	PSD	☑	☑	☑	☐		
1st floor men's bathroom	PSD	☑	☑	☑	☐		
1st floor women's bathroom	PSD	☑	☑	☑	☐		
1st floor custodial closet 140	PSD	☑	☑	☑	☐		
1st floor storage rm 136	PSD	☑	☑	☑	☐		
1st floor elevator mech room	PSD	☑	☑	☑	☐		
1st floor women's bath 135	PSD	☑	☑	☑	☐		
1st floor men's bath 134	PSD	☑	☑	☑	☐		
1st floor elevator lobby	PSD	☑	☑	☑	☐		
2nd floor elevator lobby	PSD	☑	☑	☑	☐		
2nd floor south stairs	PSD	☑	☑	☑	☐		
2nd floor armory room 201	PSD	☑	☑	☑	☐		
2nd floor comm room 250	PSD	☑	☑	☑	☐		
2nd floor women's locker room	PSD	☑	☑	☑	☐		
2nd floor women's bathroom	PSD	☑	☑	☑	☐		
2nd floor east stairs	PSD	☑	☑	☑	☐		
2nd floor men's bathroom 221	PSD	☑	☑	☑	☐		
2nd floor room# 232 by door	PSD	☑	☑	☑	☐		
2nd floor room# 232 back of rm	PSD	☑	☑	☑	☐		
2nd floor vestibule by 232	PSD	☑	☑	☑	☐		
2nd floor center stairs	PSD	☑	☑	☑	☐		
3rd floor elevator landing	PSD	☑	☑	☑	☐		
3rd floor south stairs	PSD	☑	☑	☑	☐		
3rd floor comm room	PSD	☑	☑	☑	☐		
3rd floor east stairs	PSD	☑	☑	☑	☐		
3rd floor women's locker room	PSD	☑	☑	☑	☐		
3rd floor women's bathroom	PSD	☑	☑	☑	☐		
3rd floor men's bathroom	PSD	☑	☑	☑	☐		
3rd floor conference room	PSD	☑	☑	☑	☐		
1st floor closet in FACP rm	H/D	☑	☑	☑	☐		
1st floor room 131	H/D	☑	☑	☑	☐		
1st floor electrical room 137	H/D	☑	☑	☑	☐		
1st floor elevator mech room	H/D	☑	☑	☑	☐		
1st floor storage 129	H/D	☑	☑	☑	☐		
1st floor storage 139	H/D	☑	☑	☑	☐		

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
1st floor storage 118	H/D	☑	☑	☑	☐		
1st floor custodial closet 117	H/D	☑	☑	☑	☐		
1st floor hall by room 165	H/D	☑	☑	☑	☐		
3rd floor room 301	H/D	☑	☑	☑	☐		
1st floor exit by room 142	PULL	☑	☑	☑	☐		
1st floor east stairs	PULL	☑	☑	☑	☐		
1st floor south stairs	PULL	☑	☑	☑	☐		
1st floor exit by room 134	PULL	☑	☑	☑	☐		
1st floor main entrance	PULL	☑	☑	☑	☐		
1st floor main entry by reception	PULL	☑	☑	☑	☐		
2nd floor elevator lobby	PULL	☑	☑	☑	☐		
2nd floor east stairs	PULL	☑	☑	☑	☐		
3rd floor elevator lobby	PULL	☑	☑	☑	☐		
3rd floor east stairs	PULL	☑	☑	☑	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify): Dialer (411 UDAC)	☑	☑	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Elevator recall	☑	☑	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures: _____

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Agency	☑	☐	Universal Monitoring	10:00 am
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

Comments:

Lobby pullstation close to elevator appears to be connected to shutdown zone for the elevator.
When testing at particular pullstation the elevator shutdown.
Recommended replacement of system batteries due to out of date and low voltage. (2) 12 v 35 ah batteries.

Deficiencies – The Following Did Not Operate Correctly:

LED screen on main FACP is almost completely unlegible and needs replacement

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 02/06/2020 Time: 9:00 am

Owner or Owner's Rep.: Alachua County Facilities Management Phone: _____

Owner's Address: _____

Property Being Inspected: S.W.A.G. Family Resource Center Phone: _____

Property Address: 807 SW 64th Terrace,Gainesville Fl 32607

Monitoring Entity
Name: LOCAL SYSTEM
Telephone: _____
Account Ref. #: _____

Approving Agency
Contact: Alachua County
Phone: 352-955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☒ -Annually
- ☐ -Other Specify: _____

Type of Transmission
- ☐ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☒ -Other Specify: LOCAL SYSTEM

Control Unit Manufacturer: Siemens
Model #: FS-250

Last Date System Had Any Service Performed: 11/19
Last Date Software or Configuration was Revised: _____ Software Rev.: _____

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): B
Circuit Styles: _____ No. of Circuits: 1

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☐	☐		LOCAL SYSTEM
Alarm Restoration	☐	☐		
Trouble Signal	☐	☐		
Supervisory Signal	☐	☐		
Supervisory Restoration	☐	☐		

Notifications are Made	Yes	No	Who	Time
Building Management	☒	☐	Management	9:00 am
Monitoring Entity	☒	☐	Dispatch	9:00 am
Building Occupants	☒	☐	Employees	9:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 02/06/2020 Time: 10:00 am

Name of Inspector: Neil Pollock Date: 02/06/2020 Time: 10:00 am

Signature: Neil Pollock

Name of Owner or Representative: _____

Date: 02/06/2020 Time: 10:00 am

Signature: _____

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 5	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y	Other	
Photo Detectors	B	4	Other	Speakers	Y	Other	
Duct Detectors	B	4	Other	Chimes	Y	Other	
Heat Detectors	B 3	4	Other	Strobes	Y 2	Other	
Waterflow Switches	B	4	Other	Horn/Strobes	Y 6	Other	
Supervisory Switches	B	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 2			
Other(Specify): Hood system	B 1	4	Other	Are Circuits Supervised? Yes ☒ No ☐			
				Are Circuits Synchronized? Yes ☒ No ☐			

Alarm Verification Feature is Disabled ☒ Enabled ☐

Remote Annunciators: Visual: ☐ Functional: ☐ Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☒	B	4	Other
Site Water Level	N/A ☒	B	4	Other
Fire Pump Power	N/A ☒	B	4	Other
Fire Pump Running	N/A ☒	B	4	Other
Fire Pump Auto Position	N/A ☒	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☒	B	4	Other
Generator in Auto Position	N/A ☒	B	4	Other
Generator or Controller Trouble	N/A ☒	B	4	Other
Generator Engine Running	N/A ☒	B	4	Other
Switch Transfer	N/A ☒	B	4	Other
Lock Box	N/A ☒	B	4	Other
Other (Specify):	N/A ☒	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 Amps 20
Over Current Protection: Type: Breaker Amps 20
Location (of Primary Supply Panel Board): House panel- kitchen
Disconnecting Means Location: CKT 16
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7.5
Calculated capacity to operate system, in hours: 24 ☒ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:
C. Location of Fuel Storage:

Type of Battery		Secondary Power			Comments
		Type	Visual	Functional	
Dry Cell	☐	Battery Condition	☒		FACP-10/17
Nickel-Cadmium	☐	Load Voltage		☒	27.6 V
Sealed Lead-Acid	☒	Discharge Test		☒	
Other(Specify):	☐	Charger Test		☒	25.3 V
		Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☐	☐	
L.E.D.'s/Lamps	☒	☒	
Fuses/Microbreakers	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground Fault Monitoring	☒	☒	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☒
Phone Jacks	☐	☐	☒
Off Hook Indicator	☐	☐	☒
Amplifier(s)	☐	☐	☒
Tone Generator(s)	☐	☐	☒
Call In Signal	☐	☐	☒
System Performance	☐	☐	☒

Comments: ____

Notification Appliances

Type	Visual	Functional	N/A
Audible	☒	☒	☐
Visible	☒	☒	☐
Speakers	☐	☐	☒
Voice Clarity	☐	☐	☒

Comments: ____

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	H/D	☒	☒	☒	☐		
Freezer room	H/D	☒	☒	☒	☐		
Kitchen	H/D	☒	☒	☒	☐		
Meeting room front	Pull	☒	☒	☒	☐		
Meeting room back	Pull	☒	☒	☐	☒		
Front entrance	Pull	☒	☒	☒	☐		
Children's room front	Pull	☒	☒	☒	☐		
Children's room back	Pull	☒	☒	☒	☐		
Kitchen hood	Relay	☒	☒	☒	☐		
		☐	☐	☐	☐		
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		☐	☐	☐	☐		
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		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Kitchen hood	☒	☒	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures: _____

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☒	☐	Management	10:00 am
Monitoring Agency	☒	☐	Dispatch	10:00 am
Building Occupants	☒	☐	Employees	10:00 am
Other (Specify)	☐	☐		

Comments:

Deficiencies – The Following Did Not Operate Correctly:

Meeting room rear pullstation invalid at start of inspection. Test revealed it's non-functional and needs replacement. Replacement parts being ordered.

Gator Fire Equipment Company

1032 South Main Street * Gainesville, FL 32601 * Phone: 352-373-1738 * Fax: 352-338-1179
License #EF0000394

Fire Alarm System Inspection and Testing Report

This testing was performed in accordance with applicable N.F.P.A. standards

Date: 03/17/2020 Time: 10:00 am

Owner or Owner's Rep.: Alachua County Work Release POD# 1 Phone:

Owner's Address: 3375 NE 39th Ave, Gainesville, Florida 32609

Property Being Inspected: Alachua County Work Release POD# 1 Phone:

Property Address: 3375 NE 39th Ave, Gainesville, Florida 32609

Monitoring Entity
Name: LOCAL
Telephone:
Account Ref. #:

Approving Agency
Contact: City of Gainesville
Phone: (352) 955-1818

Service
- ☐ -Weekly
- ☐ -Monthly
- ☐ -Quarterly
- ☐ -Semi-Annually
- ☑ -Annually
- ☐ -Other Specify:

Type of Transmission
- ☐ -Digital
- ☐ -R.F.
- ☐ -Multiplex
- ☑ -Other Specify: LOCAL

Control Unit Manufacturer: Fire Lite
Model #: MS-5UD

Last Date System Had Any Service Performed: 01/18
Last Date Software or Configuration was Revised: Software Rev.:

Signaling Line Circuits
Quantity and Style of Signaling Line Circuits Connected to the System (see NFPA 72, Table 6.6.1):
Quantity: Style(s): B
Circuit Styles: No. of Circuits: 4

Supervising Station Monitoring	Yes	No	Time	Comments
Alarm Signal	☐	☑		
Alarm Restoration	☐	☑		
Trouble Signal	☐	☑		
Supervisory Signal	☐	☑		
Supervisory Restoration	☐	☑		

Notifications are Made	Yes	No	Who	Time
Building Management	☑	☐	Management	10:00 am
Monitoring Entity	☐	☑		
Building Occupants	☑	☐	Employees	10:00 am
Other (Specify)	☐	☐		

System Restored to Normal Operation: Date: 03/17/2020 Time: 11:00 am

Name of Inspector: Caleb Prox Date: 03/17/2020 Time: 11:00 am

Signature:

Name of Owner or Representative:

Date: 03/17/2020 Time: 11:00 am

Signature:

Circuit Information: Alarm Initiating Devices & Alarm Notification Appliances

	Circuit Style/Quantity				Circuit Style/Quantity		
Manual Pull Stations	B 6	4	Other	Bells	Y	Other	
Ion Detectors	B	4	Other	Horns	Y 6	Other	
Photo Detectors	B 9	4	Other	Speakers	Y	Other	
Duct Detectors	B	4	Other	Chimes	Y	Other	
Heat Detectors	B 1	4	Other	Strobes	Y 10	Other	
Waterflow Switches	B	4	Other	Horn/Strobes	Y	Other	
Supervisory Switches	B	4	Other	Other(Specify):	Y	Other	
Pressure Switches	B	4	Other				
Low Air	B	4	Other	No. of Notification Appliance Circuits: 1			
Other(Specify):	B 1	4	Other	Are Circuits Supervised? Yes ☑ No ☐			
Hood relay				Are Circuits Synchronized? Yes ☑ No ☐			

Alarm Verification Feature is Disabled ☑ Enabled ☐

Remote Annunciators: Visual: ☐ Functional: ☐ Comments: N/A

Circuit Information: Supervisory Signal - Initiating Devices

		Circuit Style/Quantity		
Site Water Temp.	N/A ☑	B	4	Other
Site Water Level	N/A ☑	B	4	Other
Fire Pump Power	N/A ☑	B	4	Other
Fire Pump Running	N/A ☑	B	4	Other
Fire Pump Auto Position	N/A ☑	B	4	Other
Fire Pump or Pump Control Trouble	N/A ☑	B	4	Other
Generator in Auto Position	N/A ☑	B	4	Other
Generator or Controller Trouble	N/A ☑	B	4	Other
Generator Engine Running	N/A ☑	B	4	Other
Switch Transfer	N/A ☑	B	4	Other
Lock Box	N/A ☑	B	4	Other
Other (Specify):	N/A ☑	B	4	Other

System Power Supplies

A. Primary (Main): Nominal Voltage 120 V Amps 20 A
Over Current Protection: Type: Breaker Amps 20 A
Location (of Primary Supply Panel Board): Front office
Disconnecting Means Location: CKT# 16
B. Secondary (Standby): 24 VDC Storage Battery: Amp-Hr. Rating 7 AH
Calculated capacity to operate system, in hours: 24 ☑ or 60 ☐
Engine-Driven Generator dedicated to Fire Alarm System:
C. Location of Fuel Storage:

Type of Battery

Dry Cell ☐
Nickel-Cadmium ☐
Sealed Lead-Acid ☑
Other(Specify): ☐

Secondary Power

Type	Visual	Functional	Comments
Battery Condition	☑		09/16
Load Voltage		☑	25.2 V
Discharge Test		☑	5 - Minutes
Charger Test		☑	27.4 V
Specific Gravity		☐	

Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
Emergency system described in NFPA 70, Article 700
Legally required standby described in NFPA 70, Article 701
Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

Transient Suppressors Visual: ☐ Comments: N/A

Additional Comments:

System Test & Inspections

Type	Visual	Functional	Comments
Control Unit	☑	☑	
Interface Equipment	☐	☐	
L.E.D.'s/Lamps	☑	☑	
Fuses/Microbreakers	☑	☑	
Primary Power Supply	☑	☑	
Trouble Signals	☑	☑	
Disconnect Switches	☑	☑	
Ground Fault Monitoring	☑	☑	

Emergency Communications Equipment

Type	Visual	Functional	N/A
Phone Set	☐	☐	☑
Phone Jacks	☐	☐	☑
Off Hook Indicator	☐	☐	☑
Amplifier(s)	☐	☐	☑
Tone Generator(s)	☐	☐	☑
Call In Signal	☐	☐	☑
System Performance	☐	☐	☑

Comments: ______________________

Notification Appliances

Type	Visual	Functional	N/A
Audible	☑	☑	☐
Visible	☑	☑	☐
Speakers	☐	☐	☑
Voice Clarity	☐	☐	☑

Comments: ______________________

Initiating and Supervisory Device Tests and Inspections

Location - S/N	Device Type	Visual Check	Functional Test	Pass	Fail	Factory Setting	Measured Setting
Above FACP	PSD	☑	☑	☑	☐		
South hallway	PSD	☑	☑	☑	☐		
Conference room North	PSD	☑	☑	☑	☐		
Conference room South	PSD	☑	☑	☑	☐		
Dinning hallway	PSD	☑	☑	☑	☐		
Center hallway	PSD	☑	☑	☑	☐		
Dinning 1	PSD	☑	☑	☑	☐		
Dinning 2	PSD	☑	☑	☑	☐		
Reception area	PULL	☑	☑	☑	☐		
SE door exit	PULL	☑	☑	☑	☐		
North Center exit	PULL	☑	☑	☑	☐		
South door exit	PULL	☑	☑	☑	☐		
West door exit	PULL	☑	☑	☑	☐		
West dorm exit	PULL	☑	☑	☑	☐		
Kitchen	Relay	☑	☑	☑	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		
		☐	☐	☐	☐		

Interface Equipment

	Visual	Device Operation	Simulated Operation
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

Special Hazard Systems

	Visual	Device Operation	Simulated Operation
(Specify): Hood relay	☑	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	

Special Procedures:

Notifications That Testing Is Complete	Yes	No	Who	Time
Building Management	☑	☐	Management	11:00 am
Monitoring Agency	☐	☑		
Building Occupants	☑	☐	Employees	11:00 am
Other (Specify)	☐	☐		

Comments:

Recommend replace (2) 12/7 batteries

Deficiencies – The Following Did Not Operate Correctly: